

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calinsville</u> ^{Town}		<u>Paul</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month}	<u>July</u>	Day <u>9</u>	Age <u>63</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Lawyer</u>				
Name of Wife or Husband <u>X</u>					
Father's Name <u>X</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>X</u>			How related to deceased <u>68</u> <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Recurrent Malaria</u>	How long <u>30 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Calinsville Ind.</u>
Accident or Suicide? <u>no</u>	



Name In Full

Certificate of Death

Henry F Arnold

19

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



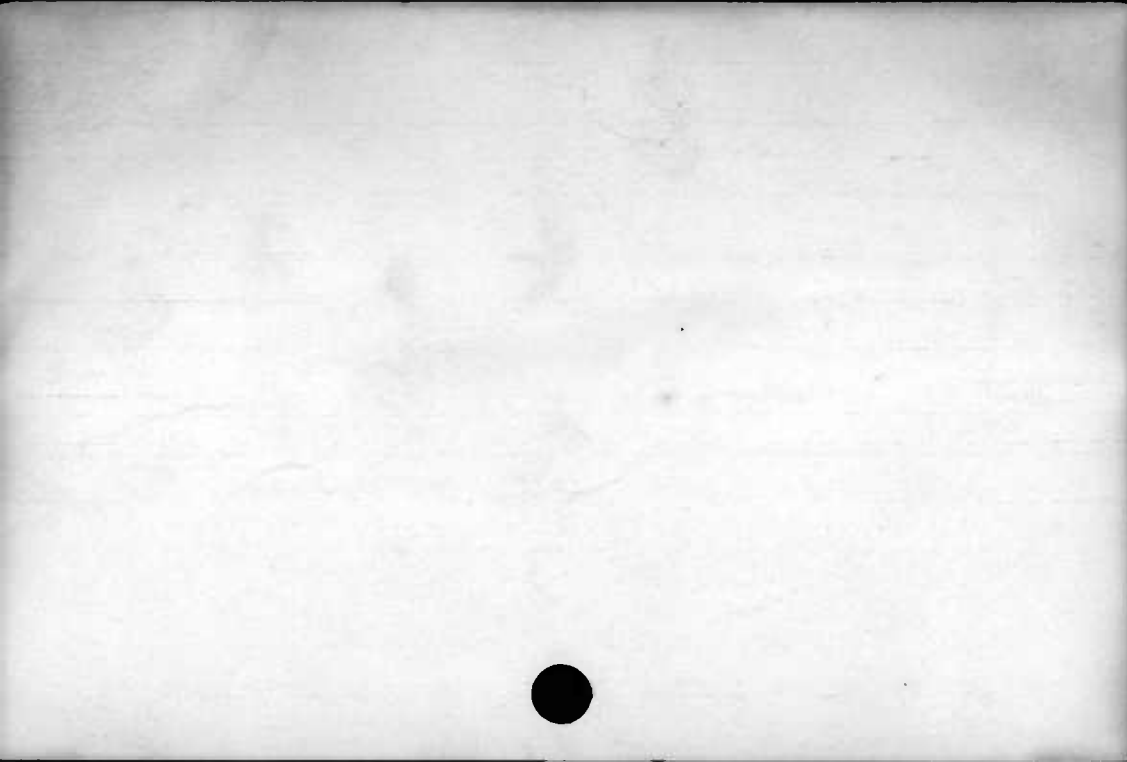
Name
in
Full22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M. Williams</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>7</i>	Age <i>49</i>	Years <i>49</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Va</i>		
Married, Single or Widowed			Occupation <i>Housework</i>		
Name of Wife Husband <i>Charles Atkins</i>			Father's Birthplace <i>—</i>		
Father's Name <i>—</i>			Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			How related to deceased <i>—</i>		
Name of person giving Information <i>W. E. Carey</i>			166		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>—</i>
Immediate <i>Struck by B + O. Pass train</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>August W. Miller</i>
<i>J</i>	Address <i>Coroner</i>
Accident or Suicide?	<i>M. Williams</i>



Michael H. Aull

Died at 3 Fruit Ave Balto. MARYLAND
 Town County
 Date 1902 7 7 Age 26
 Male White Married Widowed
 Female Colored Single Widower
 Occupation Tailor
 Number of children living

Husband of
 Wife
 Father's Name 47 Mother's Maiden Name

Cause of Death { Primary Rheumatism Endocarditis etc. 6 mos
 Immediate Cardiac Failure
 How long sick
 Accident, Suicide, Homicide

Reported by J. C. Bressler M.D.
 Address 1713 Bank St. Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Nannie A.

Town

County

Died at

Roland Park - Baltimore County

MARYLAND

Date 1902 July 17 | Age 69 2 5 | Native of Germany | Occupation none
~~Male~~ White | ~~Married~~ | Widow | ~~Divorced~~
 Female | ~~Colored~~ | Single | ~~Widower~~ | Number of children living 1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



No name

20

Died at *Arden* Town *Byell* County *MARYLAND*
 Date 19 *02* Month *July* Day *3d* Age *a few minutes* Native of *Maryland* Occupation *none*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widowed ☒ Number of children living *none*

Husband of

Wife

Father's Name *Wm 7 Barker* Mother's Name *Idaho E Brothorn*

Cause of Death { Primary *Injury at child birth* How long sick *—*
 Immediate *"* *"* *151* Accident, Suicide, Homicide

Reported by *Arthur Williams* In D.Address *Elk Ridge* *Howard Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alice H. Baudell -

Died at ^{Town} mt Hope Reub ^{County} Bald Co MARYLAND

Date 1902 ^{Month} 7 ^{Day} 6 ^{Age} 57 ^{M.} - ^{D.} - ^{Native of} md ^{Occupation}

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living}

Husband
of
Wife

Father's Name Mother's Name 69

Maiden Name

Cause of ^{Primary} Epilepsy ^{How long sick}

Death ^{Immediate} Ex - Status Epilepticus ^{Accident, Suicide, Homicide}

Reported by Frank J. Flannery MD.Address mt Hope Reub Bald Co Md.Must be signed by physician, if any in attendance, otherwise L. Frank J. Flannery 7-10-02
oner, undertaker or minister.



Name
in
Full

Elisabeth A. Beam

CERTIFICATE OF DEATH

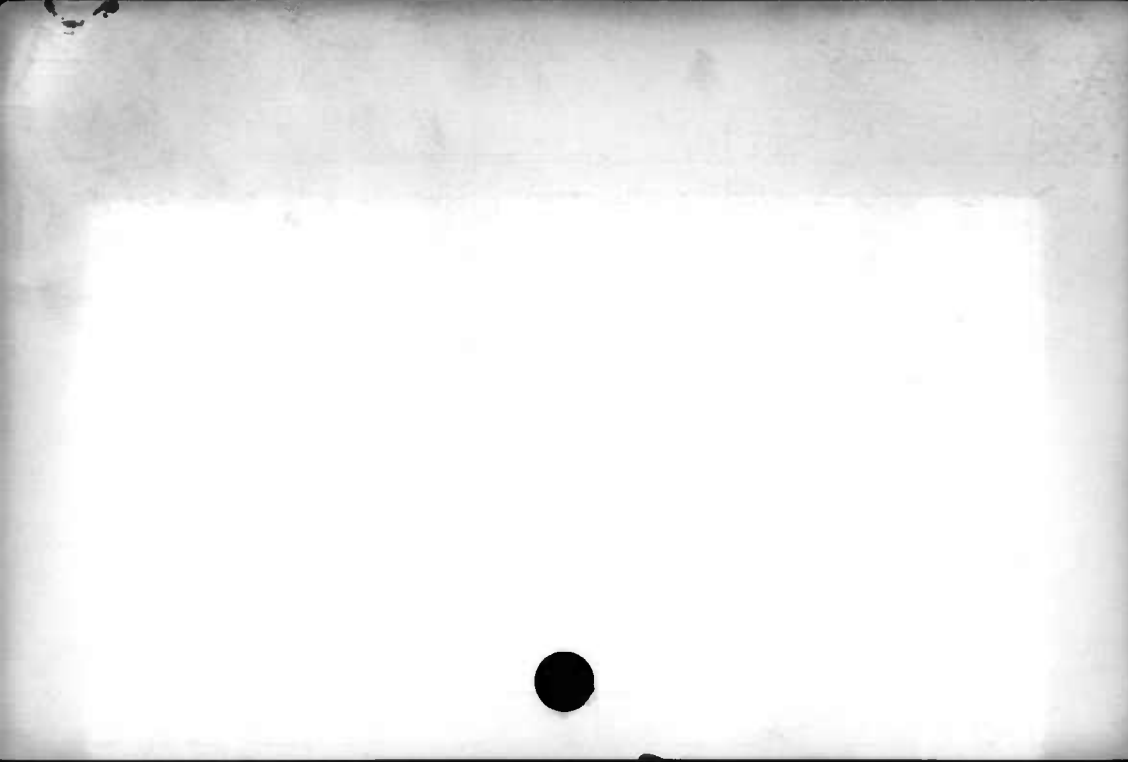
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
✓		July	22	24		:	
Sex	Female			Color or Race	White		
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
J. M. Hanna				Not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonaria	27	How long	-
Immediate	"	"	How long	-
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
			Address	
			Residence	
Accident or Suicide?				



Name in Full Elizabeth

Certificate of Death

~~Georgia~~ A. Boch

Town

County

Died at

MARYLAND

Date 1892 July 26th Y. M. D. Native of Occupation
Male White Married 7 1 Md
Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Henry Boch 105 Mother's Name Georgia (Stokes) Boch

Cause of Primary Cholera Infantum How long sick
Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by G. C. McCormick Md

Address Sparrow Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Agnes Bohs

Died at

Near Loch Raven Baltimore

MARYLAND

Date 1903

Month Day

July 27

Y. M. D.

Age 67-6-

Native of

Germany

Occupation

Homemaker

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

106

Cause of

Primary

Acute Bismutha - General Debility

How long sick

Several days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Lingard J. Whitford, M. D.

Address

Parkville

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary G. Bowers

Town

County

Died at

Baltimore MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

on July 2

Age

76

Germany

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lora E Brass

Died at ^{Town} *Shechester* ^{County} *Balto.* MARYLAND

Date 19*02* ^{Month} *July* ^{Day} *29* | Age *5:6* | ^{Y.} *md* | ^{M.} *md* | ^{D.} *md* | ^{Native of} *md* | ^{Occupation} *—*

~~Male~~ ^{White} *White* | ~~Married~~ ^{Single} *Single* | ~~Widow~~ ^{Widower} *Widower* | ~~Divorced~~ ^{Number of children living} *—*

~~Female~~ ^{Colored} *Colored* | ~~Single~~ ^{Single} *Single* | ~~Widower~~ ^{Widower} *Widower* | ~~Number of children living~~ ^{Number of children living} *—*

Husband or

Wife

Father's Name *John W Brass* ^{Mother's} *Annie M. Brass* ^{Maiden Name} *Annie M. Brass*

Cause of { ^{Primary} *Membranous Croup* | ^{How long sick} *3 days*

Death { ^{Immediate} *Immediate* | ^{Accident, Suicide, Homicide} *—*

Reported by *D Charles L Maffieat*

Address *Catonsville*

Must be signed by physician, if any in attendance, otherwise *md* ^{ner, undertaker or minister.}



Name in Full

Certificate of Death

Carl H Brosius

MARYLAND

Died at ^{Town} Highlandtown ^{County} Baltimore

Date 19 02 ^{Month} 8 ^{Day} 3 Age ^{Y.} 6 ^{M.} ^{D.} Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of Julius H. & Lora Brosius

Wife of

Father's Name Mother's Name

Maiden Name

Cause of Death { Primary Gastro Enteritis' 105 How long sick 2 day

Death { Immediate Convulsions' Accident, Suicide, Homicide

Reported by C. H. Atkey M.D.

Address 2. Hudson St. Ches

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76868



Bertha Brown

Town

County

MARYLAND

Died at

Loreley

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

19

Age

6

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Fannie Brown

Cause of

Primary

105

How long sick

One week

Death

Immediate

Died in infancy

Accident, Suicide, Homicide

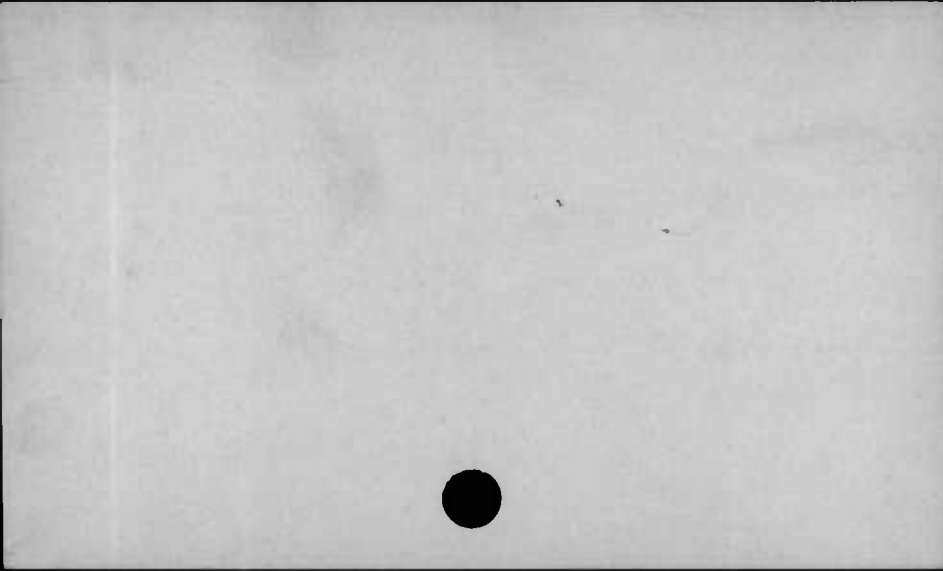
Reported by

Harry Schuch (undertaker)

Address

Upper Falls

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Rose Marie Burling				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Lanarville		Baltimore				
	Date of death 190 2	Month	Day	Years	Months	Days	
	July	15	2		3	15	
	Sex	Female		Color or Race	white		Birth-place
	Pittsburg Pa		Occupation				
	Married, Single or Widowed						
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Oscar C. Burling					Germany		
Mother's Maiden Name					Mother's Birthplace		
Catherine Auer					Pittsburg Pa		
Name of person giving information					How related to deceased		
Hattie Auer					Cousin		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Intestinal Inflammation				3 days		
	Immediate				How long		
	Con vulsion				2 hours		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Yes				Geo F. Coon, Jr D.			
				Address			
				Yorkville Ind.			
Accident or Suicide?				No			

Wm J. Tiesmer & Sons
421 W. Camden St
Baltimore Md

Name in Full

Certificate of Death

Melvin May, Calf

Town

County

Died at

Mechryselle Falls

MARYLAND

Date 19

02

7

24

Age

~~2 years~~

8 m.

7 d.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Cause of

Primary

Enteric, Colitis

Death

Immediate

meningitis

How long sick

105

Accident, Suicide, Homicide

Reported by

J. B. Purvis MD

Address

Mechryselle Falls MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Cardwell

Town

County

MARYLAND

Died at South Town

Date 1902 July 30th Y. M. D. Native of Maryland Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living one

Husband of Helen Cardwell

Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Typhoid Fever

Death { Immediate Heart failure

How long sick Two weeks

Accident, Suicide, Homicide

Reported by L. H. Jarrett M.D.

Address Town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Michael Curliak

Town

County

Died at Mt Hope Reformatory Belts Co

MARYLAND

Date 1902 7 27 Age 54 - - Ireland Laborer

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's Name _____

Mother's Name _____

Maiden Name _____

Cause of Primary Anemia Chronic -

Death Immediate Ex. Death

How long sick _____

Accident, Suicide, Homicide _____

Reported by Frank J. Flannery

Address Mt Hope Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		City <i>Steel</i>		County		MARYLAND	
Date of death		1902	Month <i>July</i>	Day <i>4</i>	Age <i>Steel</i>	Years <i>Born</i>		Months	Days
Sex <i>✓</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>					
Occupation <i>infant</i>		Where residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>							
Father's Name <i>D. F. Carmean</i>		Father's Birthplace <i>Ind</i>							
Mother's Maiden Name <i>Lucie E Carmean</i>		Mother's Birthplace <i>ind</i>							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>Still born</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm B. McQuinn</i>	
		Address <i>Balto ind</i>	
Accident or Suicide?		<i>For L. F. H. Gorsue Ch</i>	

This card is issued
from certificate of
death issued by Dr. Brody
Heath Consul of Balto
It is issued "so that"
I may give transit-
papers for disinterment
of the body

Jar. F. Gersuch M.D.
Registrar
11 Dist. Balto Co
Md.

May 1905.

Name
in
Full

Sister Mary Brunaire Carroll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hct of fable near Catonsville		Baltimore					
Date of death 190	2	Month	July	Day	19	Years	43
				Age		2	Months
Sex		Female		Color or Race		White	
				Birth-place		Md.	
Married, Single or Widowed				Occupation			
				Religious			
Name of Wife or Husband							
John Carroll							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				27			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Phtisis Pulmonalis		6 months	
Immediate		How long	
Cardiac Arteriosclerosis			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Munroe, M.D.	
		Address	
		Stoneyville	
Accident or Suicide?			



Name in Full

Certificate of Death

Sister Mary Bernadine Carroll

Town

County

Died at

MARYLAND

Died at St. John's Bath, Co., Md. Month July Day 19 Y. 43 M. 2 D. 8 Native of Maryland Occupation Religious

~~Male~~ Female White ~~Colored~~ Single ~~Widow~~ Widower Divorced ~~Number of children living~~

Husband of
WifeFather's
NameMother's
Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name in Full

Certificate of Death

William Carter

Town

County

Died at Calverton

Baltimore

MARYLAND

Date 1912 July 28
 Male White Married 4 27 Age 47 Native of Ind Occupation —
 Female Colored Single Widow Divorced — Number of children living —

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cholera in London

How long sick

2 1/2 hrs

Death

Immediate

Chest apr 14

Accident, Suicide, Homicide

Reported by

H. R. Garry in 105

Address

Calverton. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

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 2500 \\
 2600 \\
 2900 \\
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Name in Full

Certificate of Death

Mary H. Chamberlain

Died at ^{Town} Catonsville ^{County} Baltimore

MARYLAND

Date ¹⁹⁰² July 13, 189 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 68 ^{Native of} Maryland ^{Occupation} none

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Mania 20 years duration

How long sick

Death

Immediate

Terminal dementia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Chelie Chambers*
 Town *Mt Washington* County *Balt.*

Died at *Mt Washington* *Balt.* MARYLAND
 Month *7* Day *14* Y. *24* M. *24* D. *24* Native of *W.D.* Occupation *Writer*

Date 19*02* Male *White* Married *Widow* Divorced *Widow*
 Female *Colored* Single *Widow* Number of children living *1*

Husband of *Hallie Chambers*
 Name *Hallie Chambers* Mother's Name *27*
 Maiden Name

Cause of Death { Primary *Tuberculosis of Lungs* How long sick *6 mos.*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *C. H. Beetsen. M.D.*
 Address *Mt Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Harvey Chesney
 Died at ^{Town} *Hamilton* ^{County} *Balto*

Date of death 190 *2* ^{Month} *July* ^{Day} *15* ^{Years} *69* ^{Months} *2* ^{Days} *28*
 Sex *male* Color or Race *White* Birth-place *Hayford Co Md*

Married, Single or Widowed *Married* Occupation *Plaster*

Name of Wife or Husband *Catherine Sipple Chesney*

Father's Name *Benjamin Chesney* Father's Birthplace *Hayford Co*

Mother's Maiden Name *Anna Everett* Mother's Birthplace *" "*

Name of person giving information *Wife* How related to deceased *—*

CAUSES OF DEATH

Primary *1 y spinal fever* How long *2 weeks*
 Immediate *five attacks &* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo S Shelly Esq*

Address *Hamilton Md.*
 Accident or Suicide? *—*

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

George Chisley

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Specimen Point

Baltimore

Age

65

Md

un

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Edmund Chisley

Mother's

Maiden Name

Mary Grayson

Cause of

Primary

Acute Meningitis

How long sick

21 days

Death

Immediate

Acute Meningitis

Accident, Suicide, Homicide

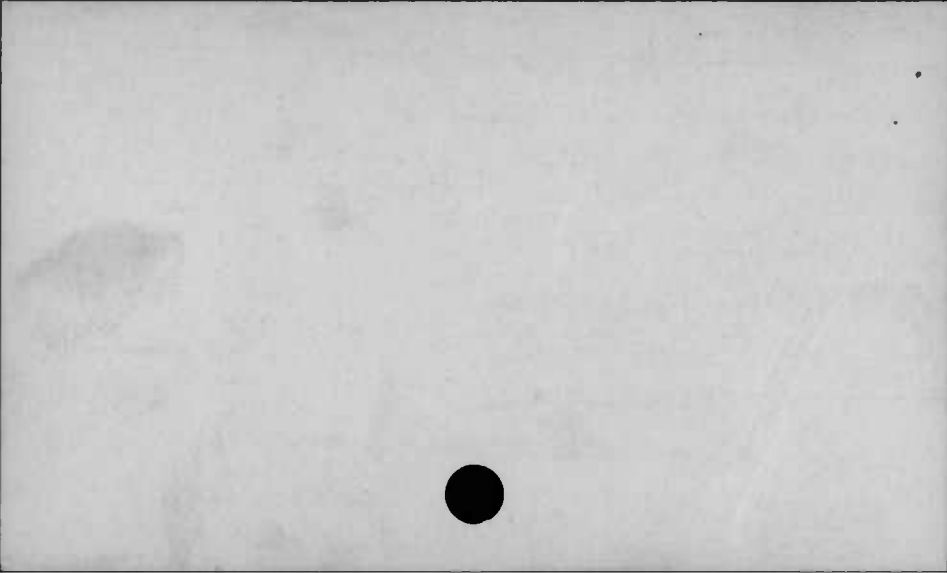
Reported by

Frank C. Eldred M.D.

Address

Specimen Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Beal Cockey Jr.

Died at

Town

County

MARYLAND

Date 1902 7 3 | Age 7 | Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's
Name

Mother's
Name

Cause of { Primary
Death { Immediate

George Beal Cockey
Enter Colitis
Meningitis

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Stuart Co.

Town

County

State

MARYLAND

Died at Catonsville

Baltimore

Date ¹⁹⁰² 1902 Month ^{July} July Day ¹⁷ 17 Age ⁴ 4 Y. ²⁵ 25 M. ²⁵ 25 D. ²⁵ 25 Native of ^{MD} MD Occupation _____
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living ³ 3

Husband of ^{Mr. James Lee} Mr. James Lee
 Wife of ^{James Lee} James Lee

Father's Name ^{James Lee} James Lee Mother's Name ^{Elizabeth Boston} Elizabeth Boston

Cause of Death { Primary ^{Colera Infantum} Colera Infantum How long sick _____
 { Immediate ^{Exhaustion} Exhaustion 105 Accident, Suicide, Homicide

Reported by ^{H. R. Barry M.D.} H. R. Barry M.D.Address ^{Catonsville - Md.} Catonsville - Md.

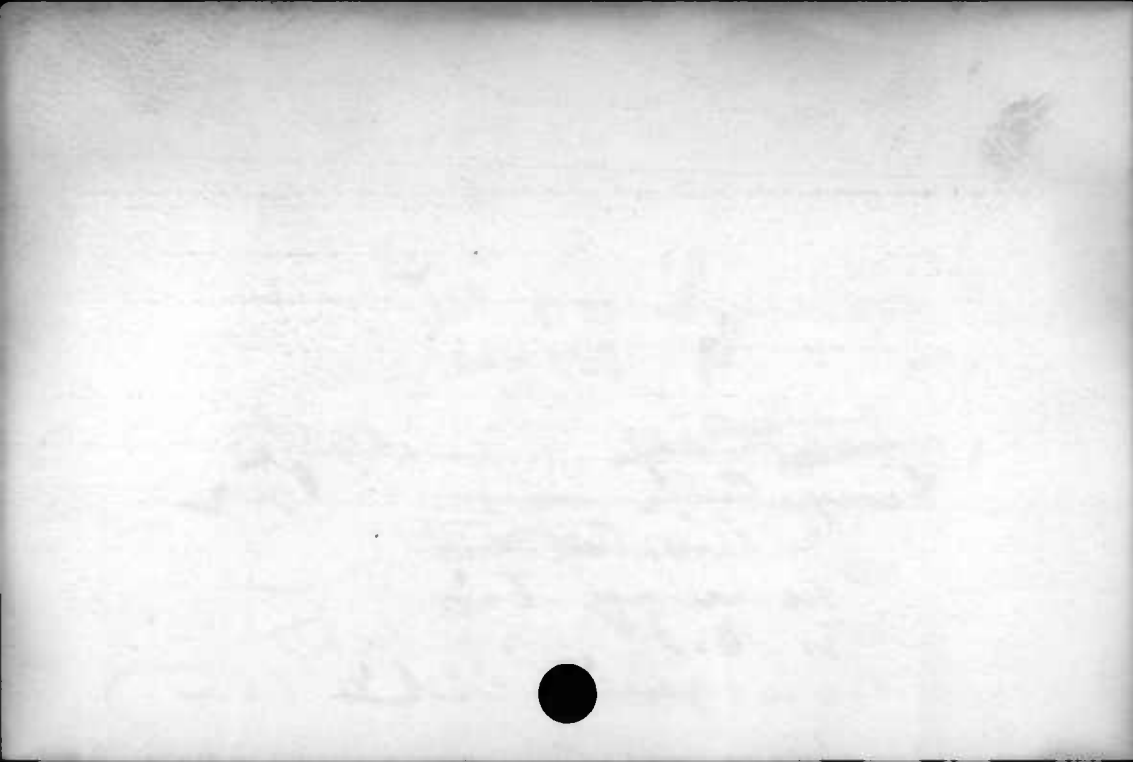
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Lydia Jane Colton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Roland Park		Baltimore		MARYLAND
	Date of death 1902		Month July	Day 11th	Years 81	Months —	Days 3
	Sex Female		Color or Race White		Birth- place Baltimore		
	Married, Single or Widowed		Widow		Occupation 91		
	Name of Wife or Husband		George Colton				
	Father's Name		James Hamilton		Father's Birthplace		
	Mother's Maiden Name		Farr Dunn		Mother's Birthplace		
	Name of person giving Information		Lawrence V. Miller		How related to deceased Son-in-law		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Bronchitis			How long Three Days	
	Immediate		Old Age			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Charles E. Ramsey M.D.	
	Yes.			Address		812 Park Ave. Baltimore Md.	
	Accident or Suicide?		Neither				

#1209 N. caerulea 3-

Name in Full		Margaret Elizabeth Cullow				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Harrisonville</u> <small>Town</small>		<u>Bullo</u> <small>County</small>		MARYLAND		
		Date of death 190 <u>2</u>		Month <u>7</u>	Day <u>18</u>	Age <u>37</u> <small>Years</small>	Months	Days
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Gettysburg Pa,</u>		
		Married, Single or Widowed		Occupation <u>wid retired</u>				
		Name of wife or Husband <u>Jas. A. Cullow, deceased</u>						
		Father's Name <u>H. M. Robinson</u>				Father's Birthplace <u>Gettysburg Pa,</u>		
PHYSICIAN OR CORONER		Mother's Maiden Name <u>J. A. Frazier</u>				Mother's Birthplace <u>" "</u>		
		Name of person giving information <u>Mother, J. A. Robinson</u>				How related to deceased <u>Mother</u>		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Disease of Heart -</u>				How long <u>79</u>		
		Immediate <u>Heart failure</u>				How long <u>suddenly</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>J. S. Bolte MD</u>		
						Address <u>Harrisonville Md</u>		



Name in Full

Certificate of Death

Mari Darn

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND

Date 1902 ^{Month} July ^{Day} 15 ^{Y.} ^{M.} ^{D.} ^{Age} ^{Native of} Md ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____
 Wife _____

Father's Name John Darn Mother's Maiden Name Nellie Edmundson

Cause of Death { Primary Chdlera Infantum How long sick about 5 days
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.

St. Patrick's Cemetery
Germanus France
Under taken

Name
in
Full

Nyahy Danher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cathusville		County Baltimore		MARYLAND	
Date of death 1902	Month July	Day 29	Age 72	Years	Months	Days	
Sex	Color or Race White			Birth-place Germany			
Married, Single or Widowed			Occupation				
Name of Wife or Husband Michel Danher							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Religious disease, pleurisy	How long	Several years
Immediate	Heart-failure	How long	Five days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Macpherson	
Accident or Suicide?		Address Cathusville	



Name in Full

Certificate of Death

Alice S. Dearth

Town

County

Died at Towson Baltimore

MARYLAND

Date 19 02 VII 9 Age 35 Native of R. I. Occupation None

Male White Married Widowed Divorced

Female Single Number of children living

Husband of

Wife 68

Father's Name Wm. G. Dearth

Mother's

Maiden Name

Mary Bradford

Cause of Primary Neurasthenia with depression How long sick 9-12 mo

Death Immediate Exhaustion

Accident, Suicide, Homicide

Reported by W.R. Duntun, Jr.

Address Towson, Md.

The Shepherd and Eve's Head
HOSPITAL

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79884

Geo. W. Jenkins Son

John Paul De Boy

Town

County

Died at

Ludsville

Bolo

MARYLAND

Date 19

02 July 13

Age

1.3

Native of

Occupation

Maryland none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Jno A De Boy

Mother's

Maiden Name

Ella A Zane

Cause of

Primary

Cholera Infantum

How long sick

24 hours

Death

Immediate

" Infantum

Accident, Suicide, Homicide

Reported by

Arthur Williams M.D.

Address

Elk Ridge Hayward Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Towq

County

12 dist. Balto. ~~City~~ County

MARYLAND

Month

Day

Y

— 14 —

D.

Native of

Occupation

Date 1907

一

Age

2

2nd

none

M24

White

Married

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

**Father's
Name**

Mother's

Maiden Name

Cause of

Primary

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

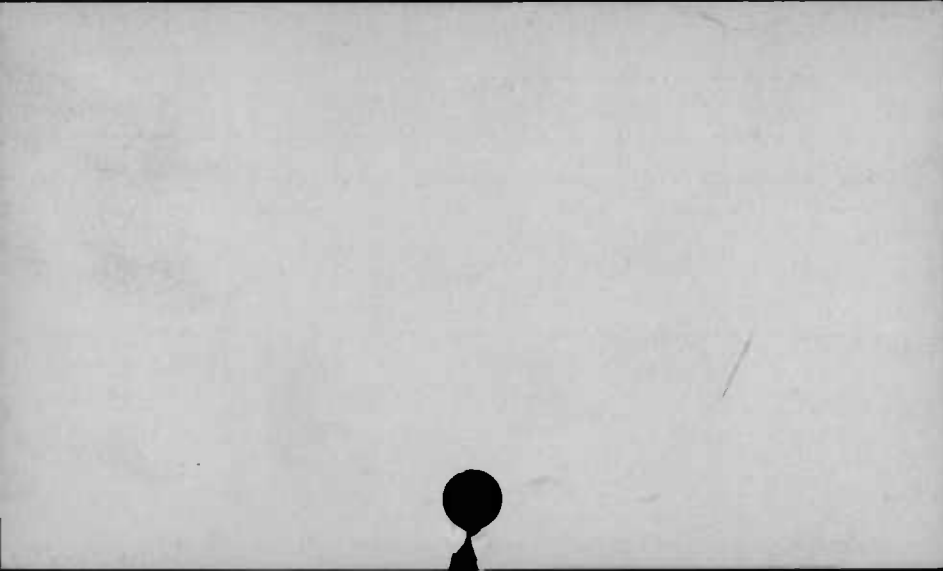
Reported by

M. A. Jarr M.D.

Address

422 Hanover St Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margie Dohman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>7</i>	Day <i>17</i>	Age <i>1</i>	Years <i>2</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pikesville Ind.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Dohman</i>			Father's Birthplace <i>Bald. Co Ind</i>		
Mother's Maiden Name <i>Mary Woolford</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Charles Dohman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i> <i>61</i>	How long <i>about 2 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. E. Myer</i>
	Address <i>Pikesville Ind.</i>
Accident or Suicide?	

02671 — 2250



Name
in
Full

Ellen Doran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leatonville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>25</u>	Years <u>65</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Married, Single or Widowed <u>Widowed</u>	Occupation <u>House Keeper</u>				
Name of Wife or Husband <u>Patrick Doran</u>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>179</u>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bad, when seen by me</u>	How long
Immediate <u>cardiac asthma</u>	How long <u>half hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Hamill McManis Jr.</u>
	Address <u>Pikeville, Md.</u>
Accident or Suicide?	



Edward W. Donett

Town

County

Balto

MARYLAND

Died at

Date 1902

Month

Day

July 28th

Y.

M.

D.

Native of

Occupation

Age

4

No.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Wm Donett

Mother's

Maiden Name

Elsama Bond

Cause of

Primary

Gastro Enteritis

How long sick

7 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. N. H. Key

Address

2 - Hudson at H. [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Armstrong Denny & Co.
Mount Carmel.

Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full *Wm Duffy*
 Died at *Fitzell Farm* ^{Town} *Beth* ^{County} *Cal* ^{MARYLAND}
 Date *1922* ^{Month} *7* ^{Day} *9* ^{Y.} *56* ^{M.} *Da.* ^{D.} *Hammer* ^{Native of} *Hammer* ^{Occupation}
 Male *7* White *9* Married *Widow* Divorced *3*
 Female *Widower* Number of children living *3*
 Husband of *May Duffy*
 Wife *May Duffy*
 Father's Name *May Duffy* Mother's Name *May Duffy*
 Cause of Death { Primary *Hemiplegia* ^{let} How long sick
 Immediate *Cerebral Hemorrhage* Accident, Suicide, Homicide
 Reported by *Woodward M.D.*
 Address *Sparrows Point, Md.*



Name in Full

Certificate of Death

Charles August Dunn

Town

County

MARYLAND

Died at

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July

27

Age

-

6

5

Baltimore Co.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

John Dunn

Lillian Fink

Cause of

Primary

Marasmus 10 5

How long sick

6 months

Death

Immediate

Cardiac Distress

Accident, Suicide, Homicide

Reported by

Edward Lewis M.D.

Address

438 Lombard St

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Trinity
P. Ingham

Dunty		Town		County		Baltimore		MARYLAND					
Died at		Perry Hall		Month		Day		Y. M. D.		Native of		Occupation	
Date 19		02		July		26		Age		Md			
Male		White		Married		Widow		Divorced					
Female		Colored		Single		Widower		Number of children living					
Husband		of		Wife									
Father's		Name		William Dunty Sr		Mother's		Maiden Name					
Cause of		Primary				How long sick							
Death		Immediate		Still Born		Accident, Suicide, Homicide							
Reported by		Frederick Schultz											
Address		Upper Falls Md											
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.													



TO BE ANSWERED BY
NEAREST FRIEND

Agnes A Eccleston

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Chase</i> Town		<i>Belts</i> County			
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>25</i>	Age <i>84</i>	Months <i>1</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>			Occupation <i>H W</i>		
Name of Wife or Husband					
Father's Name <i>Henry Lightner</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Martha</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Mrs. Martin Myers</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>several years</i>
Immediate <i>Heart Failure</i>	How long <i>on 1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Hausman, M.D.</i>
	Address <i>157 1/2 St. 2</i>
Accident or Suicide? <i>No</i>	



Name in Full

Jacob Wm. Edward Echo

Certificate of Death

21

Died at

Town
Mt. WinansCounty
Baltimore

MARYLAND

Date 1907

Month Day
July 6th

Age

Y. M. D. Native of
3 Month Md.

Occupation

Infant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Caden H Echo

Mother's

Maiden Name

Emily J. James

Cause of

Primery

Acute Gastro Enteritis

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. C. Lumphin M. D.

Address

653 Columbia Ave.
Balt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

625

Harry Lewis Eekes

Town

County

Died at

MARYLAND

Date 189 7

Month

Day

Age

Native of

Occupation

7 25

Y. M. D.

3

Balt G

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Harry Eekes

Mother

Name

Ira Eekes

Cause of

Primary

Convulsion

Death

Immediate

How long sick

for hours

Accident, Suicide, Homicide

Reported by

Address

E W Jarman MD
304 Bank Exd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

J. Hering & Son

114 Carmel

Cemetery

Name In Full

Certificate of Death

Helen Elliott

Town

County

Died at

Hullsville

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 17

Age

- 5

Female

Colored

Single

~~Widow~~~~Divorced~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

105

Cause of

Primary

Chol. Infantum

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. H. Martin, M.D.

Address

649 Lafayette Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Jos. E. Elliott

Town *Ms Hope Reheiah* County *Balto*

Died at *Ms Hope Reheiah* *Balto* MARYLAND

Date 19 *02* Month *7* Day *17* Age *62* - - *Balto* Native of *Truckster* Occupation
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of _____

Wife _____

Father's Name _____

Mother's Maiden Name *bb*

Cause of Primary *Sec. Dementia* How long sick _____
 Death Immediate *Ex Diarrhoea & Enteritis* Accident, Suicide, Homicide

Reported by *Frank J. Flannery M.D.*

Address *Ms Hope Reheiah Balto Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in Full

CERTIFICATE OF DEATH

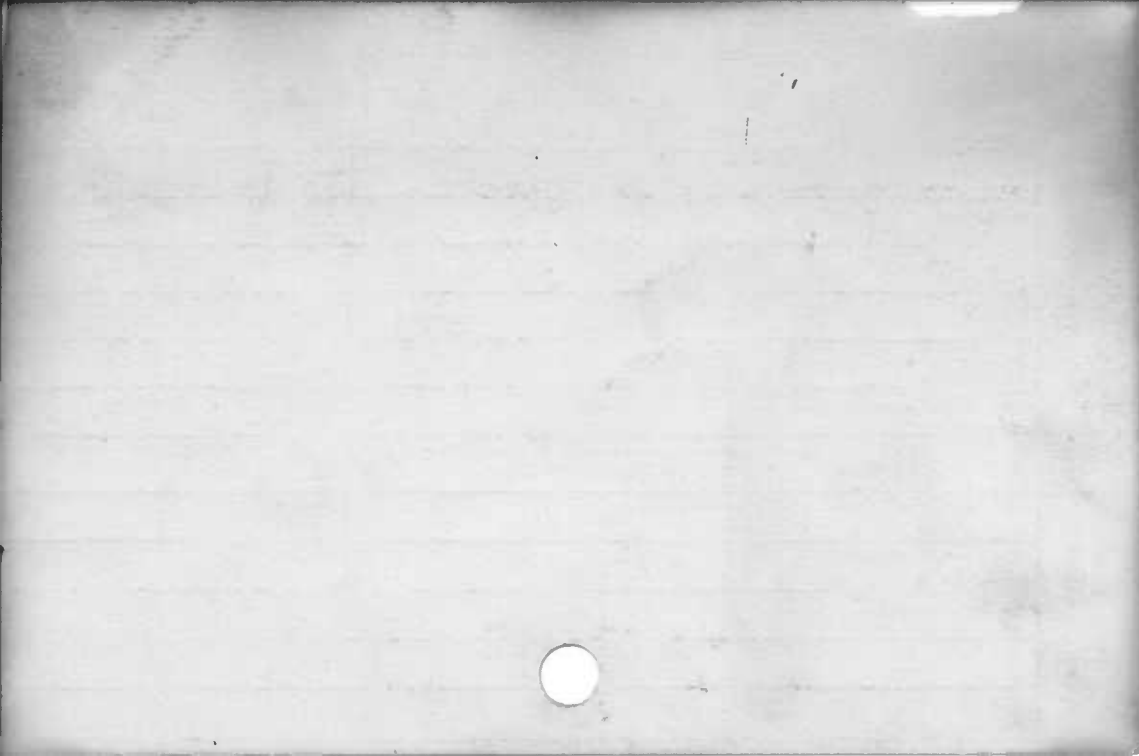
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emory Groves</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>24</i>	Years <i>91</i>	Months <i>8</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i>Capt Wm Emerson</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>154 X</i>		
Name of person giving information <i>Miss Martha Emerson</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nausea & V</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Rice</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>X</i>	



Name In Full

Certificate of Death

Martin Eppel

Died at

Lutherville

Baltimore

MARYLAND

Date 19

52 July

Month

Day

23

Y.

M.

D.

Age • 40

Native of

Md

Occupation

Coachman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Mary Eppel

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hung himself

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J Chalmers Peckles M.D.

Address

Lutherville

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Laura Eddman

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

July 15

Age

30

Y.

M.

D.

Native of

Va

Occupation

none

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Chas Eddman

Father's

Name

Curt A. Hodges

Mother's

Maiden Name

Laura Hodges

Cause of

Primary

Childbirth

How long sick

3 weeks

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

J. G. Valentini and

Address

16 E. Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ellen Faher

Died at ^{Town} *St Agnes Sanatorium* ^{County} *Baltimore* MARYLAND

Date 19 *02* ^{Month} *July* ^{Day} *8* ^{Y.} *51* ^{M.} *19* ^{D.} *1902* ^{Native of} *Ireland* ^{Occupation} *None*

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of ☐ Primary *Pulmonary T. B.* ☐ How long sick

Death ☐ Immediate *Exhaustion from above* ☐ Accident, Suicide, Homicide

Reported by *J. M. Ryan M.D.*

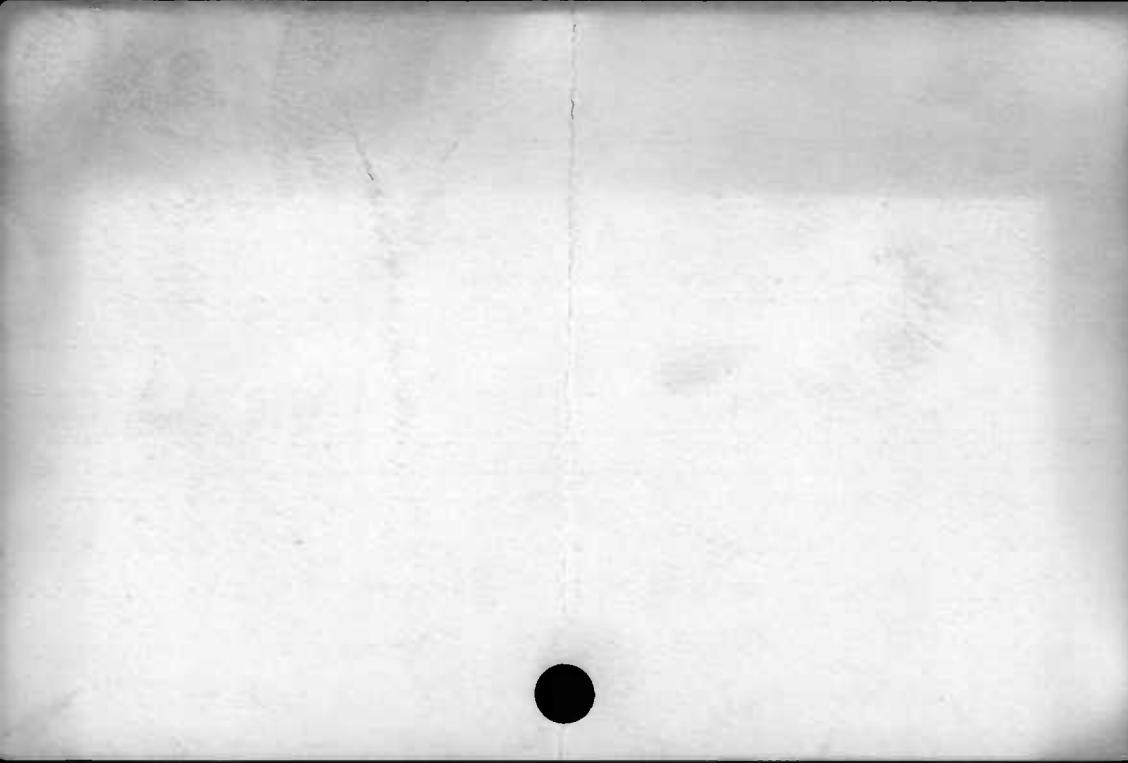
Address *St Agnes Sanatorium Baltimore*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19806



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brooklandville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND
	Date of death 190 <u>7</u>	Month <u>7</u>	Day <u>3rd</u>	Age <u>40</u> Years	Months <u> </u> Days <u> </u>
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>not known</u>	
	Married, Single <u>Single</u> or Widowed		Occupation <u>Laborer</u>		
	Name of Wife or Husband <u> </u>				
	Father's Name <u> </u>			Father's Birthplace <u>not known</u>	
	Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>	
	Name of person giving information <u>John Effler</u>			How related to deceased <u>none</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Accident (Fall)</u>			How long <u>Instantaneous</u>	
	Immediate <u>Fractured Base of Skull</u>			How long <u> </u>	
	Are the name, age, sex, color, date and place correctly given above? <u> </u>			Signature of Physician <u>L. B. Stinson</u>	
	<u> </u>			Address <u>Peter</u>	
	Accident or Suicide? <u> </u>			<u>md</u>	



Name in Full

Certificate of Death

William F. Gauer

Died at ^{Town} Mt Hope ^{County} Retreat ^{MARYLAND} Balto

Date 19	02	Month	7	Day	14	Age	42	Y.	M.	D.	Native of	Balto	Occupation	Dealer in oil
Male		White		Married		Widow		Divorced						
Female		Colored		Single		Widower							Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pul. Tuberculosis.

How long sick

Death

Immediate

Tubercular Meningitis

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

White

~~Colored~~

Married

~~Single~~~~Widow~~~~Widower~~

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Richard W. Gees

MARYLAND

Town St Agnes Sanitarium

County

Balt

Month

Day

Y.

M.

D.

Native of

Occupation

July

21

Age

42

Baltimore

Porter

18

Erysipelas

above

J. M. Ryan M.D.

St Agnes Sanitarium



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John W. Gibson

Calumet

County

Month Day

902 July 11

Age

61

Y.

M.

D.

Native of

Gaule

MARYLAND

Occupation

Paper hanger

Male

White

Married

~~Widow~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Several

of

X

Mother's

Maiden Name

Primary

Immediate

Post. apoplectic insanity

Enteritis

How long sick

3 days.

~~Accident, Suicide, Homicide~~

Reported by

Address

J. Percy Wade

Calumet, Md.

LIBRARY BUREAU, 79293



Name In Full

Certificate of Death

William Gilbran

Died at Hagner Sanitarium Town Baltimore County MARYLAND

Date 1902 July 3 Month 3 Day 17 Y. — M. — D. — Native of Balt Occupation Telegraph Printer

Male White Single Widow Widower Number of children living

Husband of —

Wife —

Father's Name — Mother's Maiden Name —

Cause of Death { Primary Pulmonary T.B. How long sick 27

Death { Immediate Exhaustion from above Accident, Suicide, Homicide

Reported by St Agnes San M Ryan M.D.

Address St Agnes Sanitarium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Louisa Glatzke
 Town County

Died at *Gardnerville* *Ballwin* MARYLAND

Date *1902* Month *July* Day *26* Y. *39* M. *3* D. *3* Native of *United States* Occupation *Housewife*
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of *Louis Glatzke*
 Wife *Louis Glatzke*
 Father's Name *Geo P. Smith* Mother's Name *Barney Diefert*

Cause of Death { Primary *Phthisis Pulmonalis* How long sick
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Geo F. Comer & J. T. Gardnerville*

Address *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

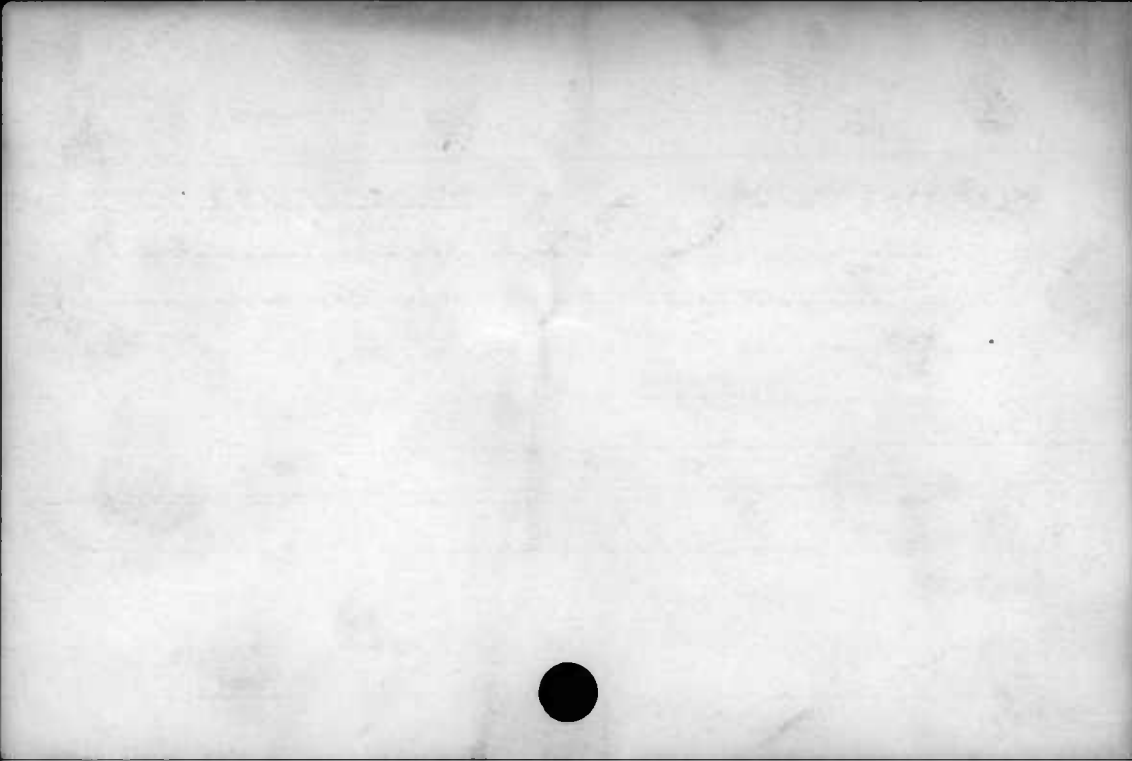
Information contained in this certificate received

from

of



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Laymanbrock</i> Town			County <i>Baltimore</i>			MARYLAND	
	Date of death <i>July 2</i> 190 <i>2</i>		Month <i>July</i>	Day <i>1</i>	Age <i>75</i> Years	Months <i>3</i>	Days <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
	Married, Single or Widowed <i>Married</i>			Occupation <i>House keeper</i>				
	Name of Wife or Husband <i>John Hoag</i>							
	Father's Name <i>—</i>						Father's Birthplace <i>Germany</i>	
	Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>Germany</i>	
	Name of person giving information <i>John Hoag</i> <i>120</i>						How related to deceased <i>Husband</i>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>				How long <i>One year</i>			
	Immediate <i>Exhaustion</i>				How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>L. R. P. H. H. H.</i>			
	Accident or Suicide? <i>—</i>				Address <i>Phyndon Md</i>			



Name in Full

Certificate of Death

Walter Brown Hackman

Town

County

Died at

Sparrows Point, Balt.

MARYLAND

Date 19

02

Month

Day

July 9

Age

M.

D.

3-10

Native of

Maryland

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Chas. Hackman

Mother's

Maiden Name

Martha Shriver

Cause of

Primary

Tubercular meningitis

How long sick

4 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

H. R. Hodges M. D.

Address

Sparrows Pt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Amanda B Hall
 Died at ^{Town} St Agnes Sanatorium ^{County} Balt MARYLAND
 Date 19 ^{Month} July ^{Day} 16 ^{Age} 72 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

 Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

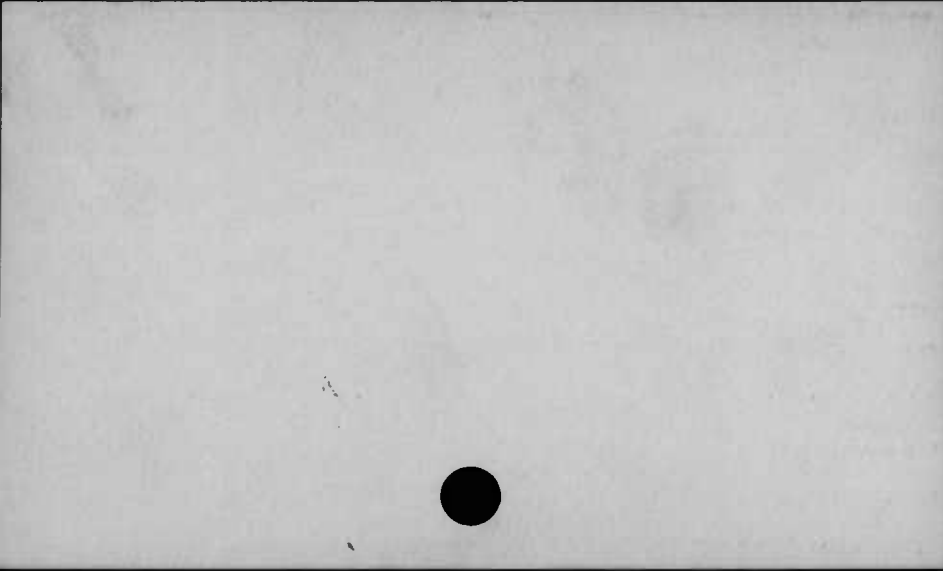
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name In Full

Certificate of Death

Name In Full *Elnora Hammer*

Town *Calumsville* County *Barto* MARYLAND

Died at *Calumsville*

Date *1902* Month *July* Day *4* Y. *48* M. *Ma* D. *Ma* Occupation *—*

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widower ☐ Number of children living *Seven*

Husband of *X*

Wife *X*

Father's Name *X* Mother's Name *X 74*

Cause of Death { Primary *Multiple Sclerosis* Immediate *Exhaustion* } How long sick *4 yrs*

Reported by *J. P. G. Nide*

Address *Calumsville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oliver C. Hildebrand

Died at ^{Town} Arlington ^{County} Balto MARYLAND

Date 1902 July 16 Age 18. Native of Balto Occupation Carpenter

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Immediate

Pulmonary Tuberculosis
As the cause

How long sick 6 mo
Accident, Suicide, Homicide

Reported by

L. J. Frey M.D.

Address 8 2466 Duval Hill Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Balto



Name
in
Full

CERTIFICATE OF DEATH

Mary Hoffman

Died at <i>Glyndon</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>18</i>	Age <i>44</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>Charles Hoffman</i>					
Father's Name <i>John L. Snell</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>Mary Elliott</i>			Mother's Birthplace <i>X</i>		
Name of person giving In formation <i>Mrs Annie Perry</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

Primary <i>Cancer</i>	How long <i>2 or 3 years</i>
Immediate <i>Exhaustion</i>	How long <i>4-5</i> <i>6 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos Duce</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>—</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Mary Huffer,

Town

County

MARYLAND

Died at Neck P. O.

Baltimore

Date 1902 July 3

Age 17-4-22

Native of Calh. Co.

Occupation Domestic

Date 1902

July 3

Age

17-4-22

Native of Calh. Co.

Occupation Domestic

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Phthisis Pulmonaris

How long sick

About 7 mos.

Death

Immediate

Failure Vital Forces

~~Accident, Suicide, Homicide~~

Reported by

Lingard J. Whitehead, M. 527

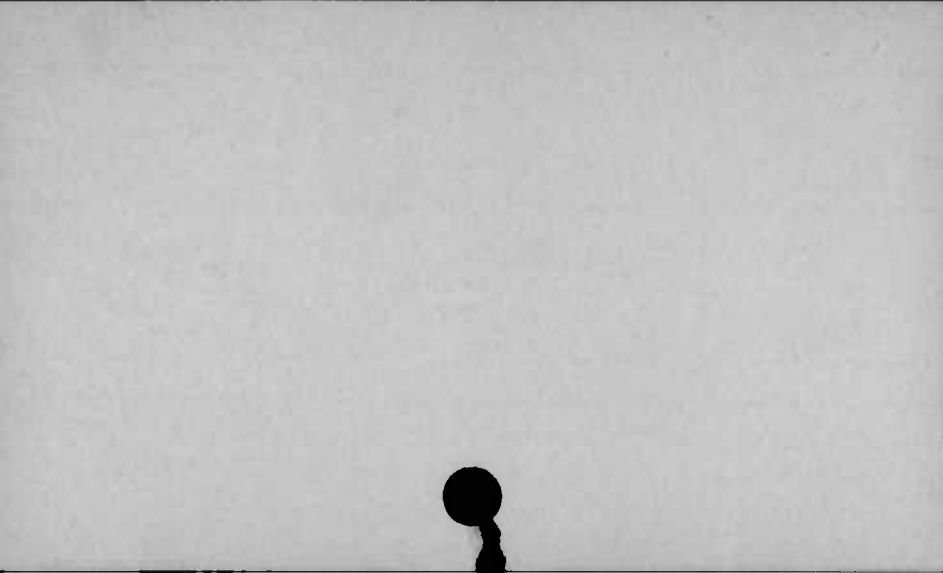
Address

Barroville,

Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Lillie Huskin

CERTIFICATE OF DEATH

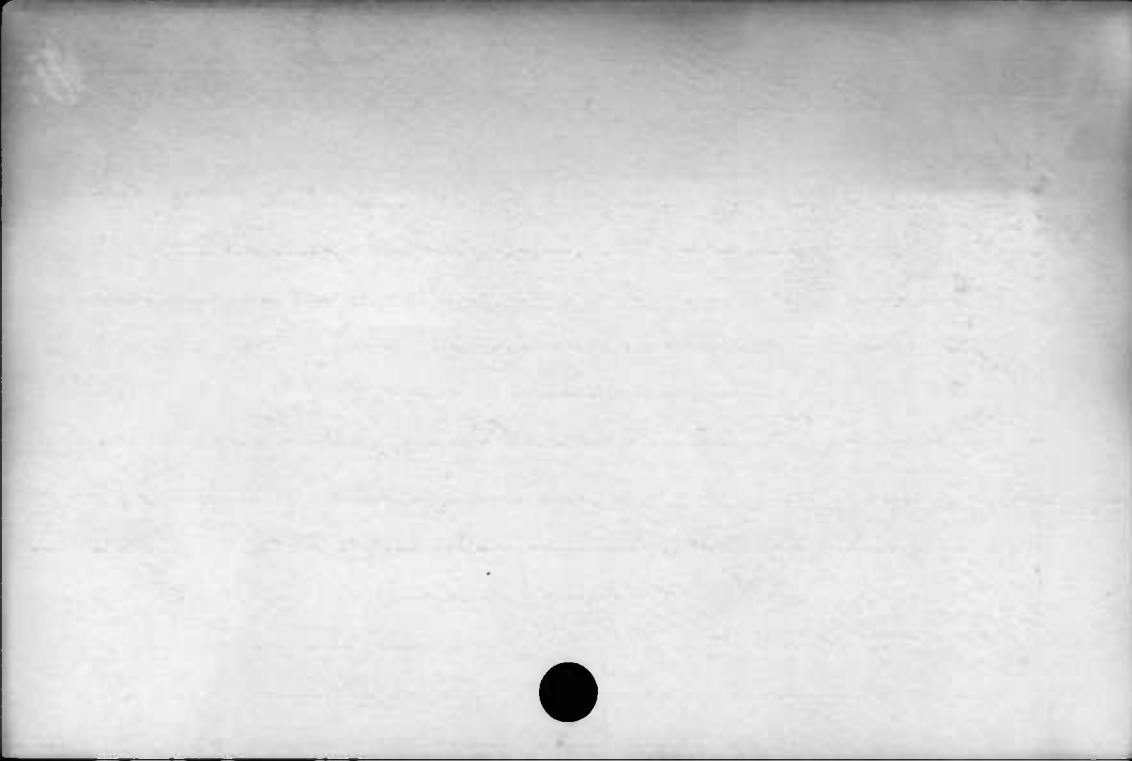
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Evma</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>13</i>	Age <i>16</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Louisa, Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant,</i>			
Name of Wife or Husband					
Father's Name <i>Gerry Huskin</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Rachel Elv</i>			Mother's Birthplace <i>Hereford</i>		
Name of person giving information <i>Levi Armstrong</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>Yours Ma's</i>
Immediate <i>Asphyxia</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. R. Mitchell</i>
<i>Yes</i>	Address <i>Hereford, Md.,</i>
<i>8</i> Accident or Suicide?	



Name in Full

Certificate of Death

Louis Harman Hutchins -

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 10

Age

35 - -

Md

Farmer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Melancholia Chronic -

How long sick

10 yrs.

Death

Immediate

Ex Tuberculosis Gen'l

Accident, Suicide, Homicide

Reported by

Frank J. Flannery

Address

Mt Hope Repts Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73803

Undertakers

Stewart & Mowen

215-Park Ave.

Name in Full

Certificate of Death

Infant who was left with Francis Jones

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July

11

Age

7

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

179

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Henry Sultana, P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full Henry Kale
 Town Perry Hall County Baltimore MARYLAND
 Died at Perry Hall
 Date 1902 Month July Day 19 Age 1 Y. M. D. Native of Baltimore Occupation _____
 Male White ~~Female~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living _____

Husband of _____
 Wife _____
 Father's Name John Kale Mother's Name 106

Cause of Death { Primary Ulcerative Enterocolitis. How long sick Two weeks
 { Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Lingard & Whiteford M. W.
 Address Parkville Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Miss Clarrie, J. Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Bentleys Town Beth County

Date of death 190 2 Month July Day 17 Age 17 Years 8 Months 10 Days

Sex Female Color or Race White Birth-place Carroll Co Md

~~Married~~, Single or ~~Widowed~~ Occupation None

Name of Wife or Husband

Father's Name Joseph Keller Father's Birthplace Haffmansville

Mother's Maiden Name Barbara Smith 159 Mother's Birthplace Baltimore Md

Name of person giving In formation Howard H. Keller How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

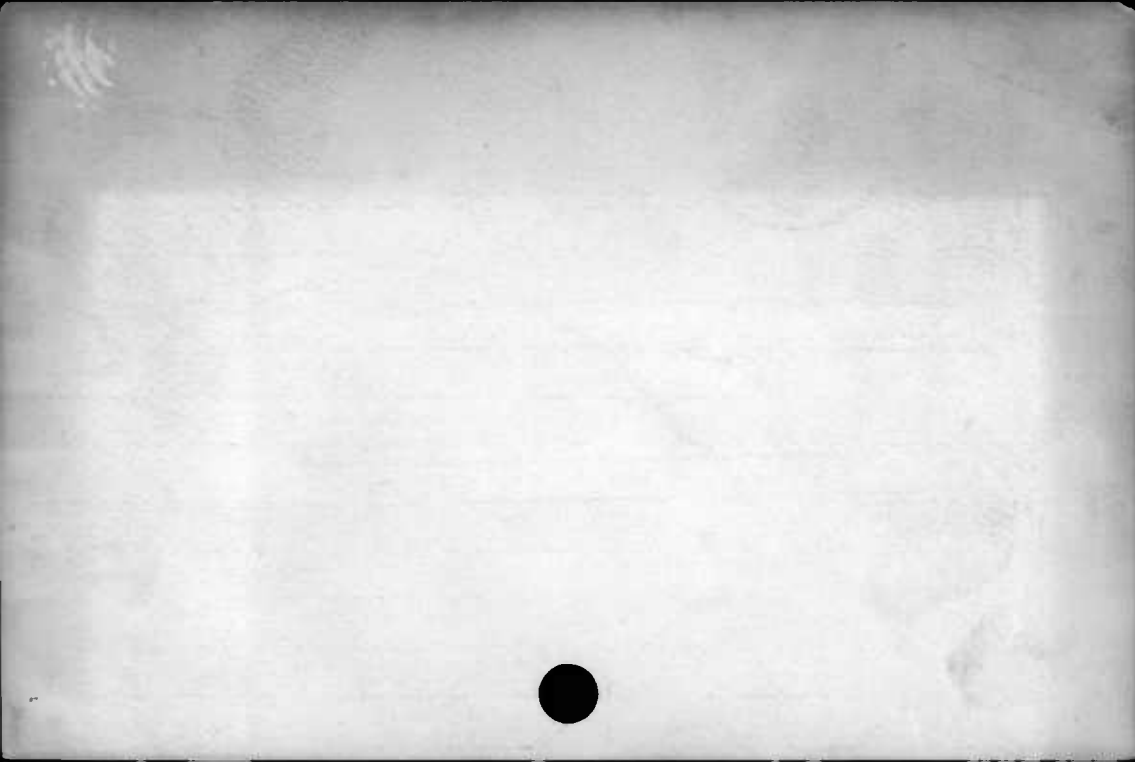
Primary Melancholy How long Six months

Immediate Pistol shot Heart Right Artery Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. W. Haydock

Address Parkton

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

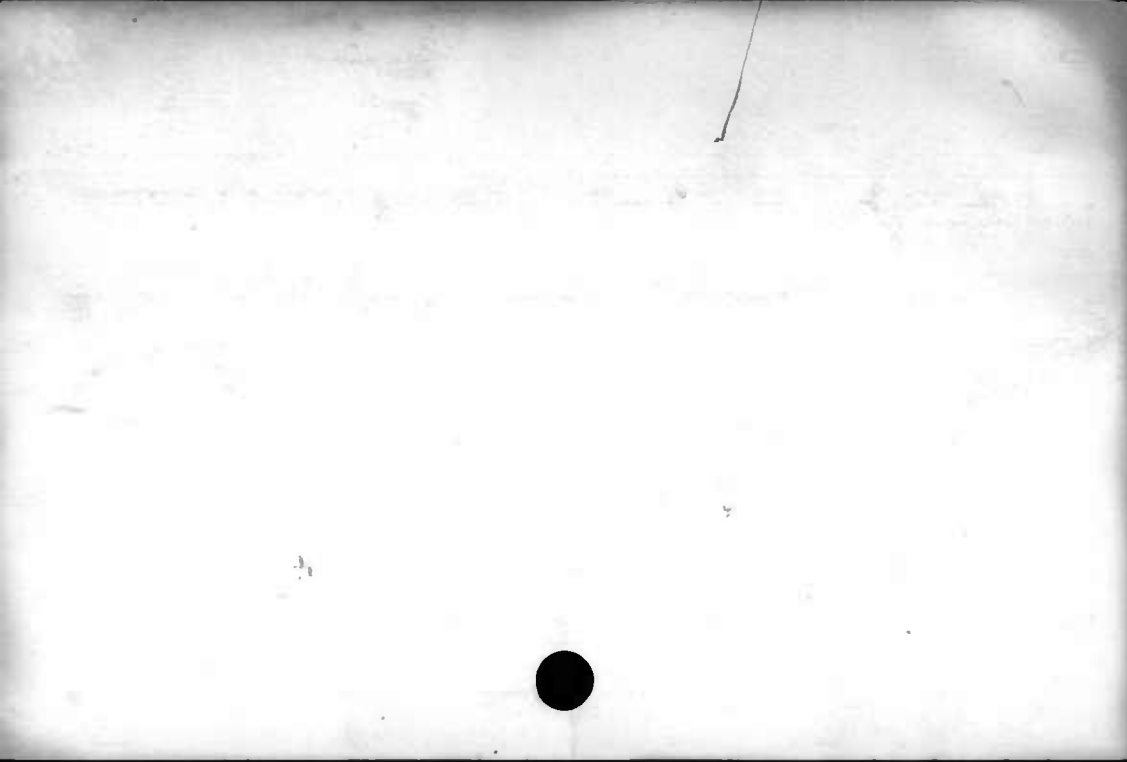
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestnut Ridge</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>30</i>	Age	Years	Months Days
Sex		Color or Race		Birth-place	
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Bessie E Jones</i>					
Father's Name <i>Thomas Kelly</i>			Father's Birthplace <i>Chestnut Ridge</i>		
Mother's Maiden Name <i>Katie Friffroggle</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Albert Jones</i>			<i>40</i>	How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>One year</i>
Immediate <i>collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Wm. John, Kellner

Town

County

MARYLAND

Died at

Leanton

Balto

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July

2

Age

2-7-

MS.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Henry Kellner

Mother's

Maiden Name

Emma Miller

Cause of

Primary

Gastro Enteritis

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. N. Ottery, M.D.

105

Address

2, Hudson St. East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Kunigunda Kintzer

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902 July 28 Age 86-1-15 Native of Germany Occupation Housekeeper

Male ~~White~~ Married ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living five

Husband of John Kintzer

Wife

Father's Name unknown Mother's Name unknown

Maiden Name

Cause of Death { Primary Old Age 154 How long sick about one month

Death { Immediate Accident, Suicide, Homicide

Reported by Dr. W. Schuessler M.D.

Address 40.1013 S. Canton St. N.Y.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lorraine Cemetery

July 30th 1902

Germanus Franke

Uncle Peter.

Name In Full

Certificate of Death

25

Mary F. Kirchhofer
 Died at *Halethorpe* *Baltimore* County MARYLAND

Date *1902* *7* Month *17* Day Y. M. D. Age *26* Native of *Ireland* Occupation

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced Number of children living

Husband of
 Wife

Father's Name *August Kirchhofer* Mother's Name *Margaret Kirchhofer*

Cause of Death ☐ Primary *Consumption* ☐ Immediate *Exhaustion* How long sick *18 weeks* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of

Seen by Coroner.....

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Sister Melame Kleinfelder

Town

County

Died at Mt Hope Retreat Baltimore

MARYLAND

Date 1902 7 30 Age 75 - - Germany Religion -

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's Name _____ Mother's Name _____ 68

Maiden Name _____

Cause of Primary Acute Dementia - How long sick _____

Death Immediate Ex Diarrhoea - Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Ellen Kramer,

Town

County

Highlandtown

Baltimore

MARYLAND

Died at

Date 19

02

Month

Day

7 4

Y.

M.

D.

11

Native of

Md

Occupation

~~Male~~

White

Age

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mrs H. Kramer

Mother's

Maiden Name

Lizzie Jones

Cause of

Primary

Spinal Meningitis

Immediate

Paralysis

How long sick

1 week.

~~Accident, Suicide, Homicide~~

Reported by

Address

J. Schafeld m
1401 First St Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Juliana Le Brun

Died at

Town

County

MARYLAND

Date 19

02

Month

7

Day

9

Age

32.1.

Y.

M.

D.

Native of

Occupation

none

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tubercular arthritis

32

How long sick

1 y. 8 m.

Death

Immediate

S. L. Linton

Accident, Suicide, Homicide

Reported by

F. W. Schmeckle M. R.

Address

8073 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

H Sander Sons

Mount Carmel Cemetery

Name in Full

Certificate of Death

Marguerite Lewis

Town

County

Died at

MARYLAND

Date 1902. 7 12 Y. 6 M. D. Native of Balto, Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Leo Howard Lewis

Mother's

Name

Margaret O'Brien Lewis

Cause of

Primary

Acute Intestinal Catarrh.

How long sick

2 1/2 days

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

Geo H. Hochberg, M.D.

Address

Sta St. Balt Ma

York Road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Durham

LIBRARY BUREAU, 79898

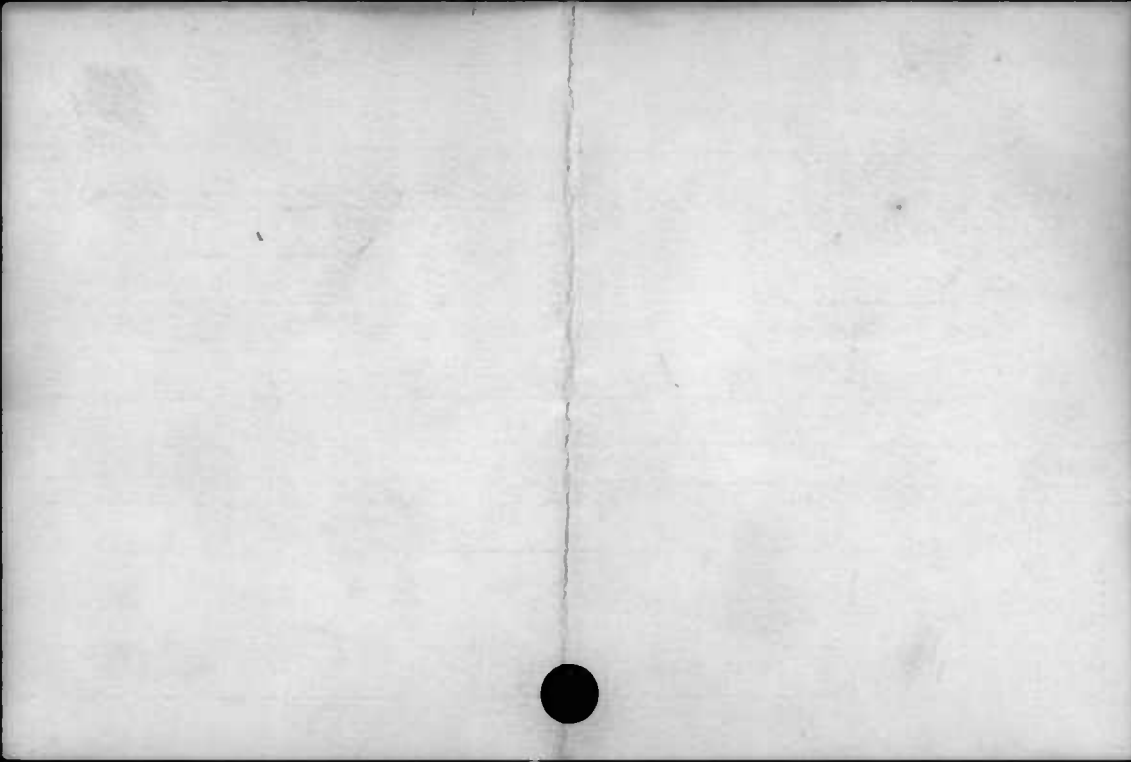


Still Birth
 Town 13 East County Ave Balto Co MARYLAND
 Died at 1902 Month July Day 16 Y. M. D. Native of Occupation
 Date 189 Age
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of Miss Leye
 Wife of Father's Name Mother's Name Miss Leye
 Name Father Name Name Miss Leye
 Cause of Primary How long sick
 Death Immediate immediate Accident, Suicide, Homicide
 Reported by Mrs Betz Highlandtown
 Address Midwife 315 Lombard St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Henry Wm Litz</i>		No. 27		CERTIFICATE OF DEATH	
Died at <i>Washington Road</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>		Month <i>7</i>		Day <i>24</i>	
Age		Years		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balls Co</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frederick Wm Litz</i>			Father's Birthplace <i>Balls</i>		
Mother's Maiden Name <i>Nettie Litz</i>			Mother's Birthplace <i>Balls Co</i>		
Name of person giving information <i>Nettie Litz</i>			How related to deceased <i>Mother</i>		
CAUSES OF DEATH					
Primary <i>Cholera Infantum</i>			How long <i>2 weeks</i>		
Immediate <i>Exhaustion</i>			How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>W B Hall</i>		
			Address <i>111 Wmms</i>		
Accident or Suicide?					



Name in Full **Edward L. Lugin**

CERTIFICATE OF DEATH

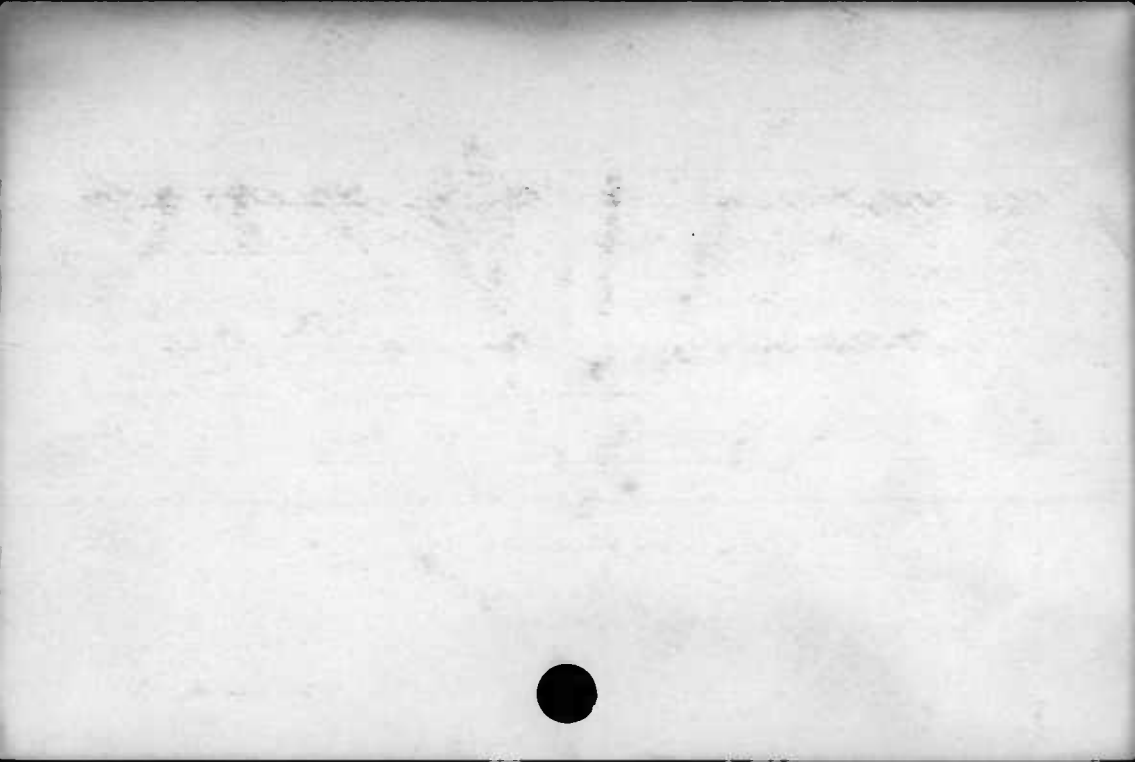
TO BE ANSWERED BY
NEAREST FRIEND

Died at Calhounsville Town		Bullo County		MARYLAND	
Date of death 190 2 Month July Day 27	Age 64 Years	Months	Days		
Sex Male	Color or Race White	Birth-place Maryland			
Married, Single or Widowed Married	Occupation Carpenter				
Name of Wife or Husband X					
Father's Name X			Father's Birthplace X		
Mother's Maiden Name X			Mother's Birthplace X		
Name of person giving information X			How related to deceased X		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mania	How long 4 weeks
Immediate Asphyxiation	How long Instant
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. Wade
	Address Calhounsville Ind
Accident or Suicide? Suicide	



Robert J. Lohman

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

July 30

Y.

M.

D.

Age

9

Native of

Md

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. C. Lohman

Mother's

Maiden Name

Rosa Seitz

Cause of

Primary

Gastro Enteritis

How long sick

about 2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. A. Otter

Address

2. Hudson St

Est.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

July 31st 1902

Germanus Hanna

Under takes

Name in Full

Certificate of Death

Michael Lyons

Town

Baltimore

County

Balt

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7-5

Age

55

Ireland

Bricklayer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Kate Lyons.

Father's

Name

Mother's

Name

Cause of

Primary

Heart Stroke

Death

Immediate

Convulsions

169

How long sick

one day

~~Accident, Suicide, Homicide~~

Reported by

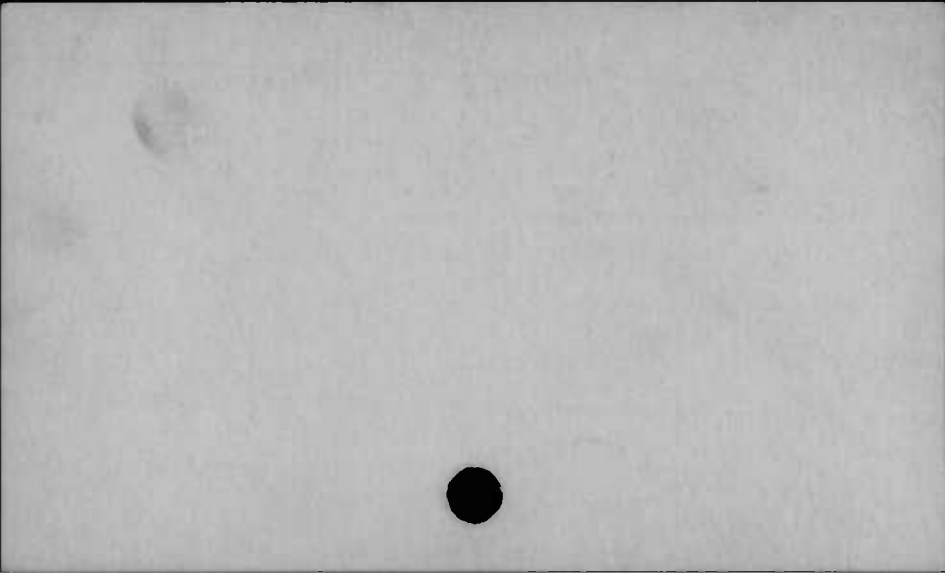
David W. Jones

Address

3118 O'Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Geo. L. McCahan

CERTIFICATE OF DEATH

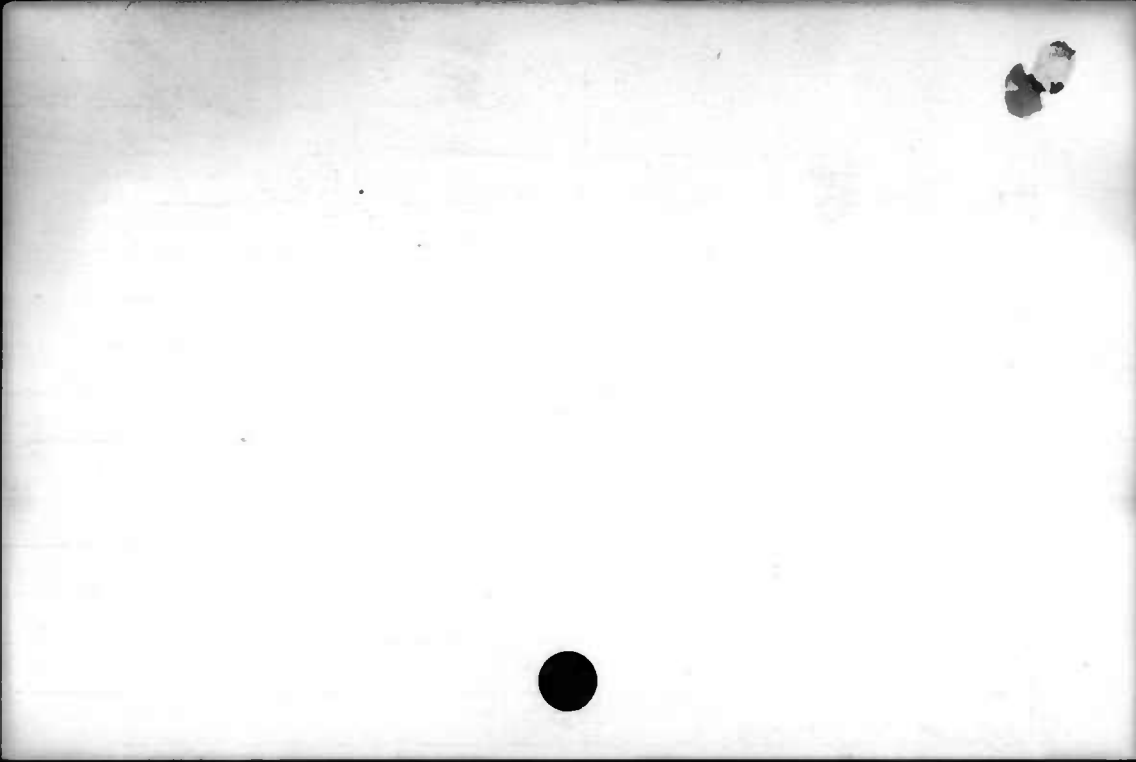
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon Park</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 1902	Month <u>July</u>	Day <u>30</u>	Age <u>64</u>	Months <u>5</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Frederick Md.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Actuary</u>				
Name of Wife or Husband <u>Rhoda M. McCahan</u>					
Father's Name <u>Jno. Bullock</u>			Father's Birthplace <u>Yorkshire Eng.</u>		
Mother's Maiden Name <u>Rhoda Long</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Jno M Carter</u>			How related to deceased <u>No relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>Three or four years</u>
Immediate <u>Apoplexy</u>	How long <u>Ten months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos Rance</u>
	Address <u>Glyndon</u>
Accident or Suicide? <u>—</u>	<u>—</u>



John A. McIntire -

Died at ^{Town} Mt Hope ^{County} Retros Baltimore MARYLANDDate 19 02 7 29 Age 52 - - Native of Balt Occupation P. officer
Male White Married Widowed Divorced
Female Colored Single Widower Number of children livingHusband of _____
Wife

Father's Name _____ Mother's Maiden Name 68

Cause of Primary Melancholia - How long sick
Death Immediate Cardiac Paralysis - Accident, Suicide, HomicideReported by Frank J. Filcannery M.D.
Address Mt Hope Retros Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Carrie

Malkus

Town

County

Died at Highland

Baltimore

MARYLAND

Date 189 1902

Month 7

Day 9

Y.

M. 5

D. 9

Native of

Occupation

md

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

Father's Name Jno. D. Malkus

Mother's Name Annie M. Malkus

Cause of Death { Primary Cholera Infantum

How long sick 2 weeks

Death { Immediate

Accident, Suicide, Homicide

Reported by J. L. Warner

Address 1120 High land ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

H Sander & Sons
St Pauls Cemetery

Name
in
Full

Henrietta Mandelberg

CERTIFICATE OF DEATH

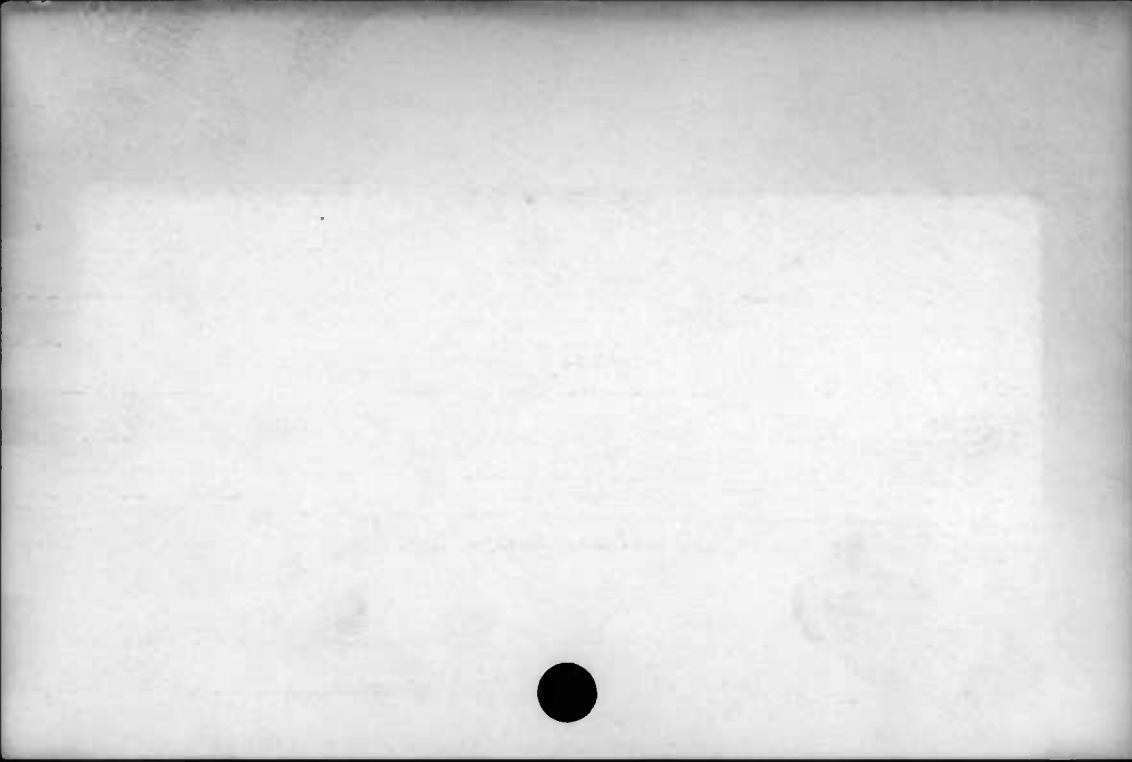
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lebanonville</u> <u>Town</u>		<u>Boyle</u> <u>County</u>		MARYLAND	
Date of death 1902	Month <u>July</u>	Day <u>24</u>	Age <u>67</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Married <u>Single</u>	<u>Married</u>	Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Jacob Mandelberg</u>					
Father's Name <u>Abraham Adler</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Katharine Adler</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Jacob Mandelberg</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senile Melancholia</u>	How long <u>6 months</u>
Immediate <u>Enterocolitis</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Wade</u>
	Address <u>Lebanonville</u>
Accident or Suicide? <u>No</u>	



Name in Full

Certificate of Death

Edna Mammal

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

4 18

Age

6 8

Balt. Co.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Conrad Mammal

Mother's

Sophia Hilmer

Name

Maiden Name

Cause of

Primary

Convulsions

How long sick

one night

Death

Immediate

Exhaustion

71

Accident, Suicide, Homicide

Reported by

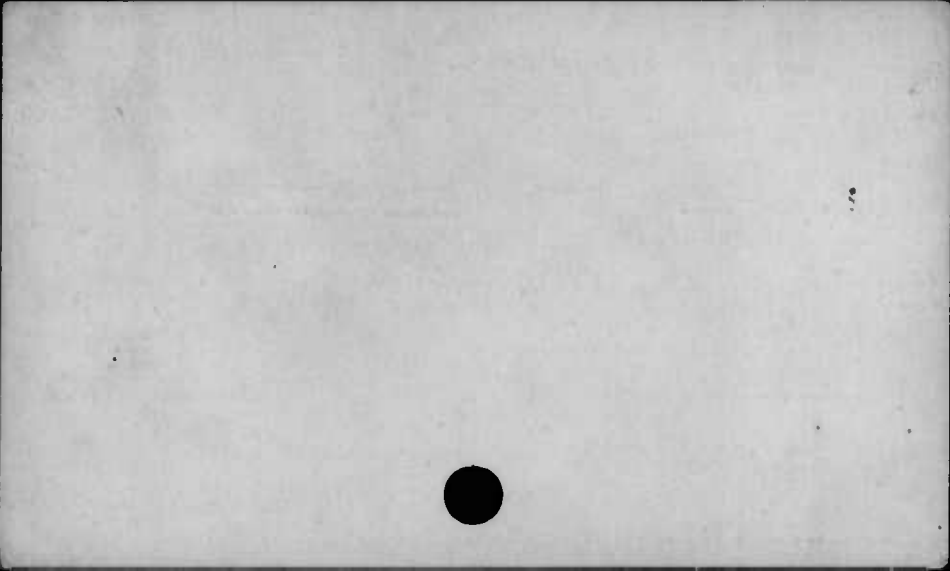
Jesse W. Williams M.D.

Address

26 N. Paterson Ave. PH. 102

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



James McEntie Manning -

Died at ^{Town} Mt Hope ^{County} Retriah Balto MARYLAND

Date 19 02 ^{Month} 7 ^{Day} 6 ^{Y.} 30 ^{M.} - ^{D.} - ^{Native of} New York ^{Occupation} Labourer

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____ 68

Father's Name _____ Mother's Maiden Name _____

Cause of ^{Primary} Mania Delusional ^{How long sick} _____
 Death ^{Immediate} Ex. Pul. & Laryngeal Phtisis ^{Accident, Suicide, Homicide} _____

Reported by Frank J. Filmering MD
 Address Mt Hope Retriah

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John C Mosberger* Town *Catonville* County *Baltimore* MARYLAND

Died at *Catonville*

Date of death 190 *1* Month *July* Day *20* Age *6* Years *2* Months *6* Days *2*

Sex *Male* Color or Race *White* Birth-place *Catonville*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *E. Mosberger* Father's Birthplace _____

Mother's Maiden Name *Mary J Mosberger* Mother's Birthplace *OS*

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *2 weeks*

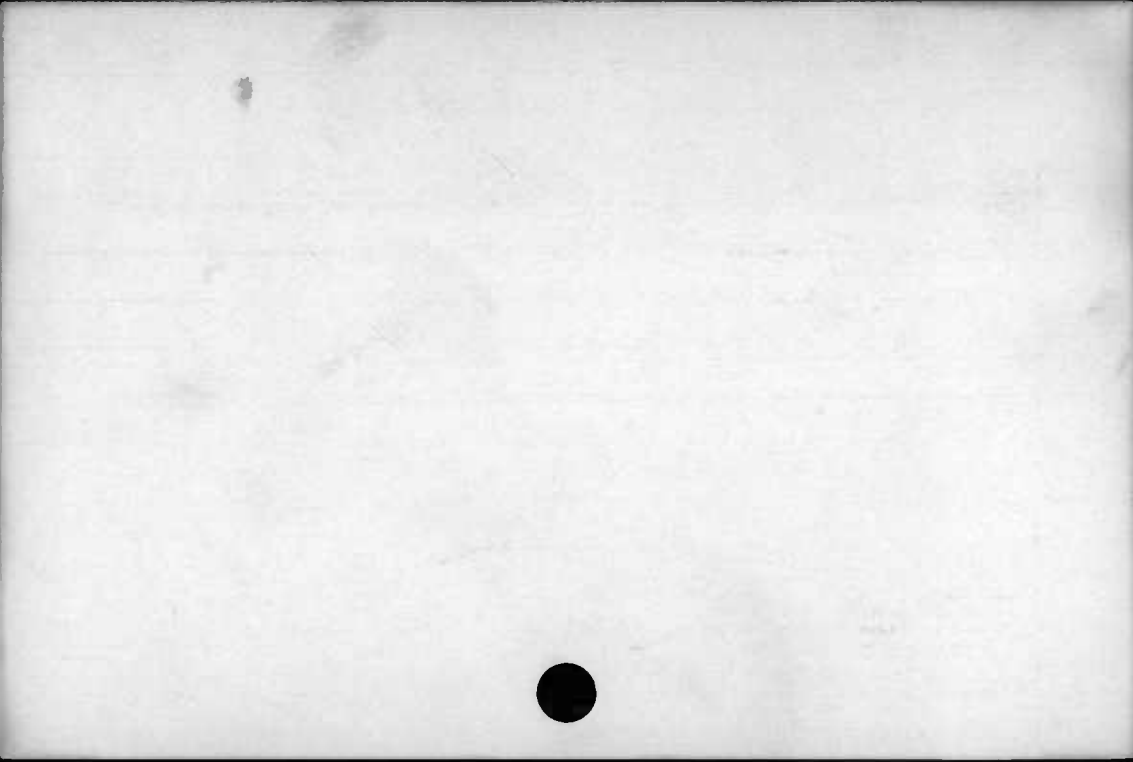
Immediate *Constitution* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Chas. Macjris.*

Address *Catonville*

Accident or Suicide? _____



Name in Full

Certificate of Death

Mamie Warburger

Town

County

Baltimore MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

July-5

Age

Infant

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. Warburger

Mother's

Maiden Name

Mamie Warburger

Cause of

Primary

Summer complaint

How long sick

Death

Immediate

Accident, Suicide, Homicide

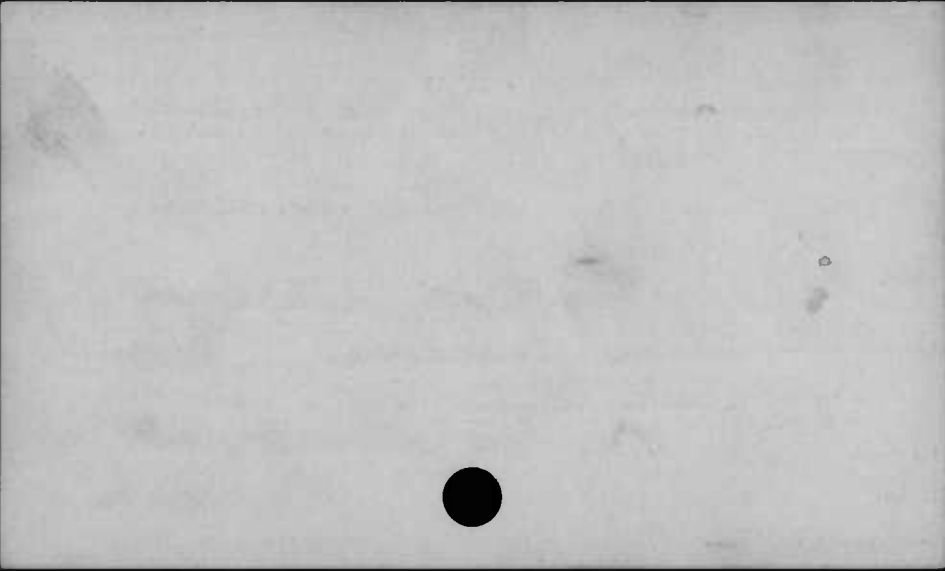
Reported by

Joseph H. Zimmerman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76805



Name
in
Full

Ruth Emma Matthews

CERTIFICATE OF DEATH

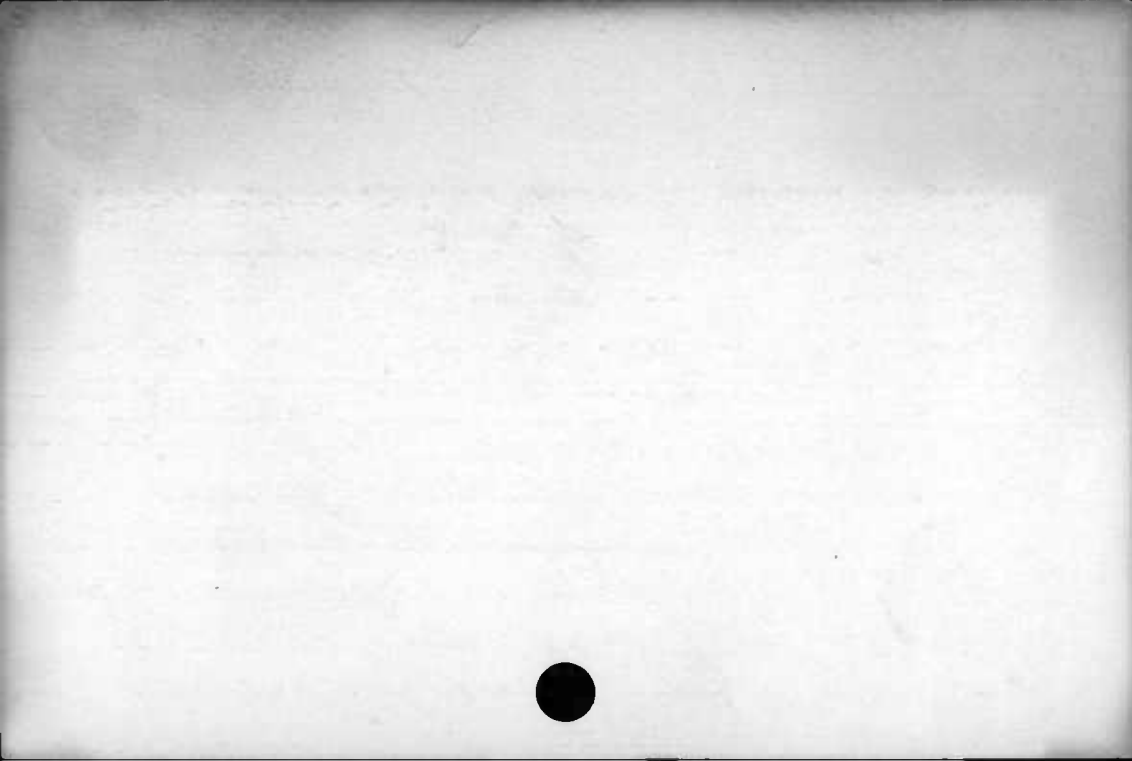
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hennwood</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>7</u>	Day <u>20</u>	Age <u>75</u> <small>Years</small>	Months <u>8</u>	Days <u>20</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Hennwood</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Jos. B. Matthews</u>			Father's Birthplace <u>New Jersey</u>		
Mother's Maiden Name <u>Kitty Griffith</u>			Mother's Birthplace <u>New H. Conn.</u>		
Name of person giving information <u>Mrs Ed. Fritz</u>			How related to deceased <u>sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility -</u>	How long <u>3 months</u>
Immediate <u>Arterio-sclerosis</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. S. Boll</u>
	Address <u>Hennwood, Md</u>
Accident or Suicide? <u>8</u>	



Died at Rochland Town Baltimore County MARYLAND

Date 1902 Month 7 Day 20 Y. M. D. Native of Occupation

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John Medary Mother's Name Kate Smith

Cause of Death { Primary Cholera Infantis Immediate Enteric Colitis How long sick One week
 Accident, Suicide, Homicide

Reported by H. Burdett Shmuckler
 Address Rides. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

2

7

14

Age

22.5

Baltimore

Baltimore

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

4 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

J. Herwig & Son
Secret Heat
hemeters

Name in Full

Certificate of Death

William Merritt

Town

County

Died at Middle River

MARYLAND

Date 1902 July 28 Age 40 Y. M. D. Native of Md Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Geo. W. Merritt Mother's Maiden Name 27

Cause of Death Primary Pulmonary Tuberculosis Immediate

How long sick Several years

Accident, Suicide, Homicide

Reported by L. V. Munner M.D.

Address Passville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank D. Miller

Town

County

Bates County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 20th

Age 19

7 Bates Co.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Atlanta N Miller

Cause of

Primary

Tuberculosis Lungs

How long sick

Several months

Death

Immediate

+ Intestinal

Accident, Suicide, Homicide

Reported by

Dr. Jennings

Address

1621 Landon Ave Bates

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

John Nahrer
 Town Jacksonville County Baltimore MARYLAND
 Died at
 Date 19 02 July 12 Month Day Y. M. D. Age 69-8-14 Native of Germany Occupation Farmer
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3-

Husband of Caroline Nahrer

Father's Name John Nahrer Mother's Maiden Name unknown

Cause of Death	Primary	<u>Heart disease</u>	How long sick <u>8 days</u> Accident, Suicide, Homicide
	Immediate	<u>" Failure</u>	

Reported by Thos. H. Emory

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lehas. M. Neubauer,

Town

County

Died at

MARYLAND

Date 189

Month Day
9 2 July 20

Age

Y. M. D.
73-5-2

Native of

German

Occupation

Trucker Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

General Debility 154

How long sick

Several Weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Leonard Dedrickford, M.D.

Address

Parkville, Baltimore, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Fred Lassater
undertaker

Interment
Jerusalem Cemetery
Gardenville
Please Mail

Name
in
Full

Robert C. Nicholas

CERTIFICATE OF DEATH

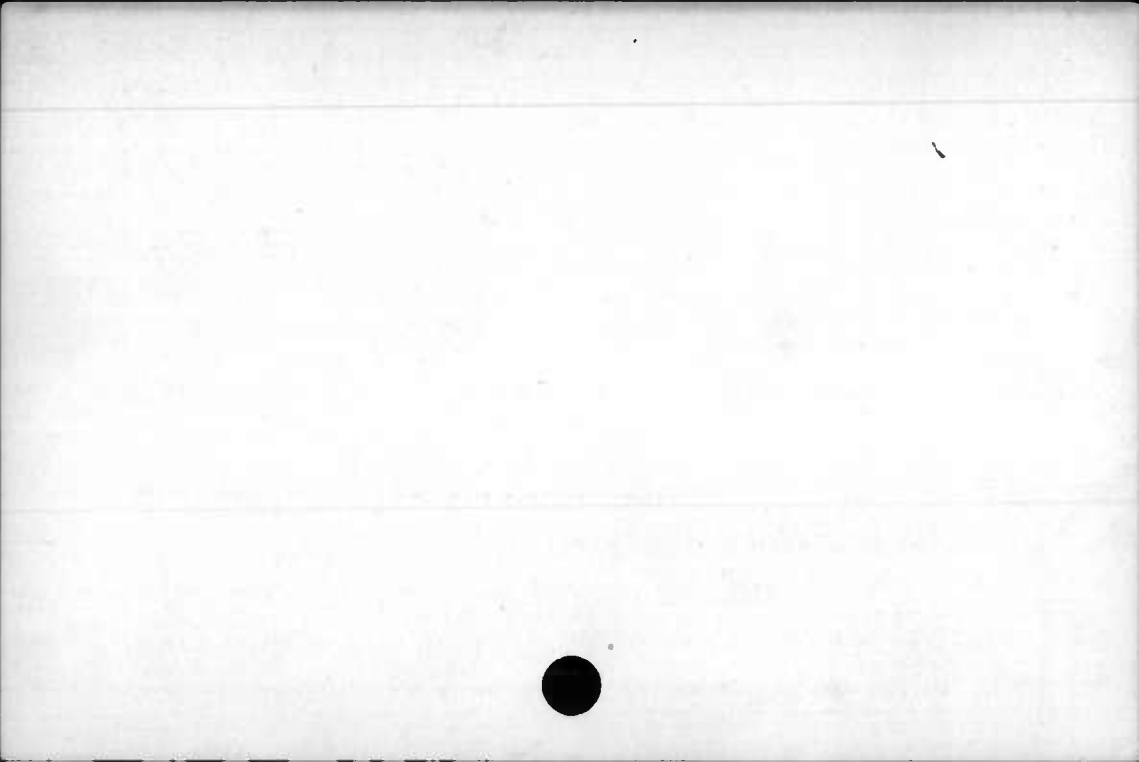
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>2</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Tutor</i>				
Name of Wife or Husband _____							
Father's Name _____							
Mother's Maiden Name _____							
Name of person giving information <i>H. H. Mathews</i>						How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>summers</i>
Immediate <i>Apoplexy</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. E. [Signature]</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Providence Md</i>



Name
in
Full

Jose Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Franklin town</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1902	Month <i>July</i>	Day <i>10</i>	Years <i>19</i>	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Watchman</i>		
Name of Wife or Husband <i>Alice Shon</i>					
Father's Name <i>William Nicholson</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Parents</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>18 Days.</i>
Immediate <i>Cerebral Congestion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leonard M. Munnick</i>
	Address <i>St. Keyville, Ind.</i>
Accident or Suicide?	



Certificate of Death

Town

County

MARYLAND

Month

Day

Y.

M

D.

Native of

Occupation

Date ~~180~~ 1402 July 10

Age 19-9-

Mid

Watchman

Husband of Alice Storn
Wife

Mother's Name *Martha Nicholson*

Cause of { Primary Typhoid Fever

How long sick

Flück

Death Immediate *Central congestion*

~~Accident, Suicide, Homicidal~~

Reported by *Stanley Morrison*

Address *1 Dick Kayville* *Ind.*

LIBRARY BUREAU, 65969

Wm. M. Annie Cooff
Mudestanes

552 E North Ave
Balloued

Name
in
Full

CERTIFICATE OF DEATH

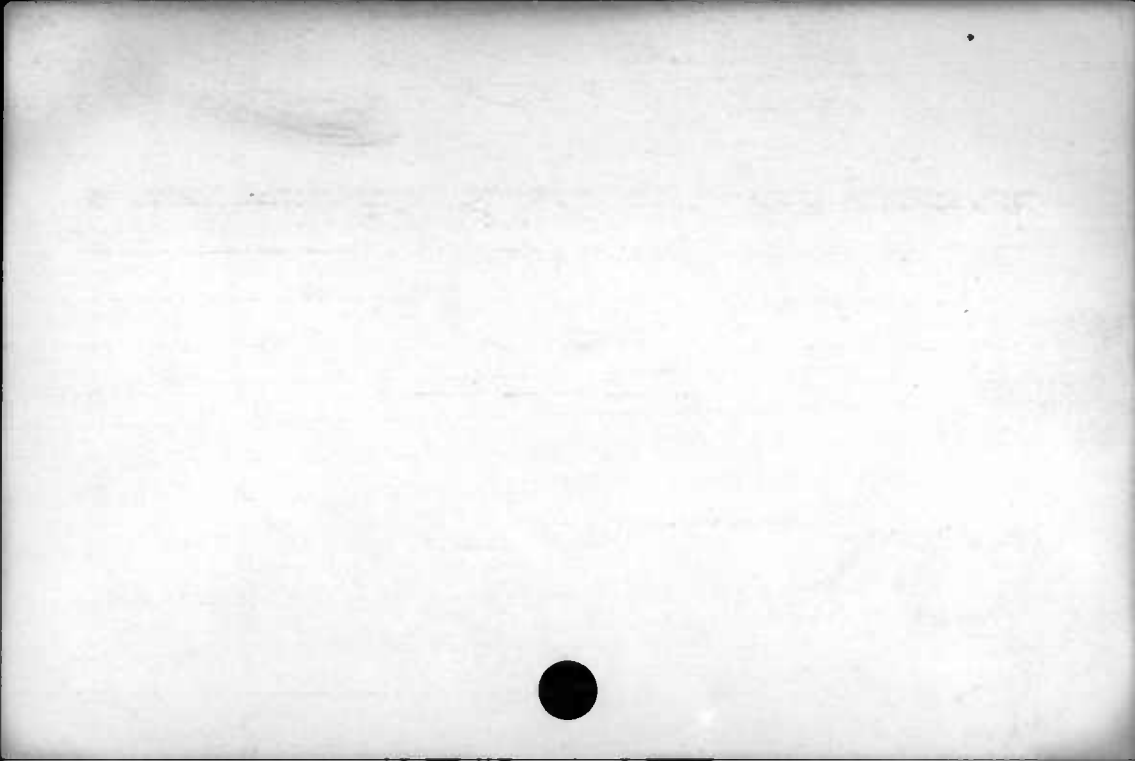
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	2	Month	July	Day	8
				Years	85
Sex	<i>Female</i>	Color of	<i>White</i>	Birth-place	<i>Baltimore</i>
Married, Single	<i>Single</i>	Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Newton</i>			Father's Birthplace <i>Rent to Ind</i>		
Mother's Maiden Name <i>Rachel White</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

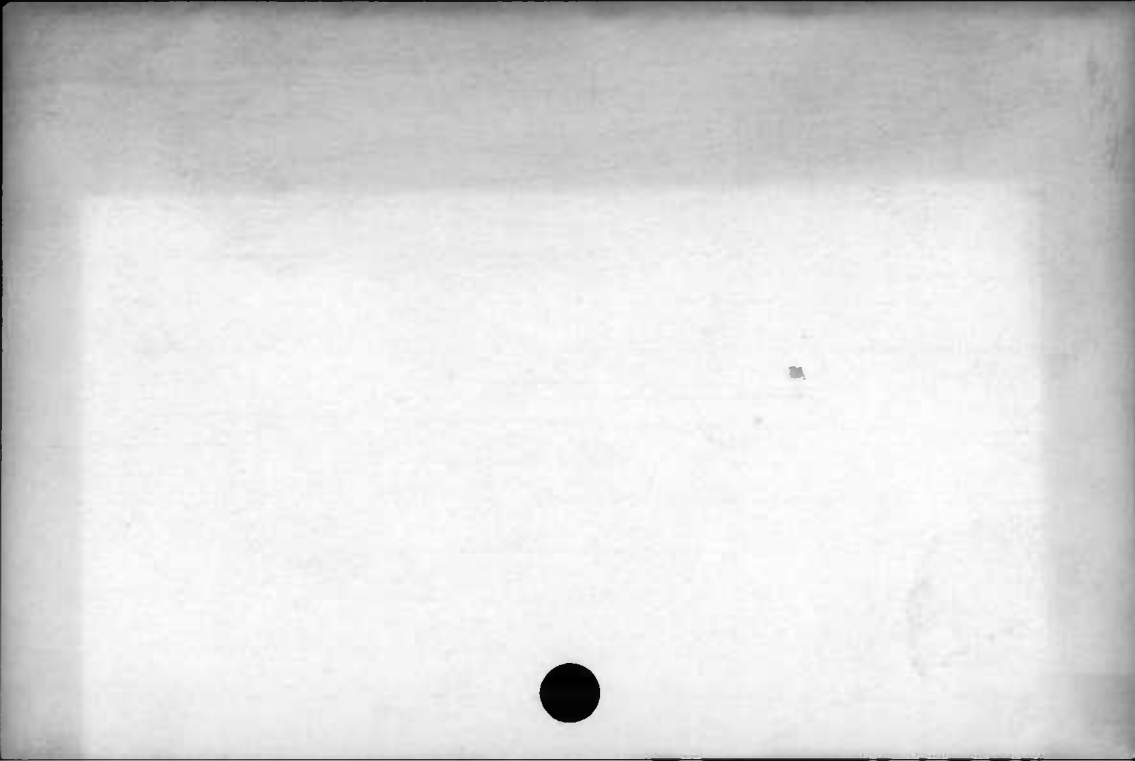
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile decay</i>	How long	<i>154</i>	How long	<i>about one year</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. M. Macgill</i>		
		Address	<i>Catoonsville</i>		
			<i>Ind</i>		
Accident or Suicide?					



Name in Full		Wm Byard Quingo				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Delight P. O.		Baltimore		MARYLAND		
	Date of death 1902	Month	July	Day	18	Age	4	
	Sex	Male		Color or Race	White		Birth-place	Balto co
	Married, Single or Widowed	Single		Occupation				
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information				How related to deceased			
John H. Quingo				Batto Co				
Clara N. Bushey				Batto Co				
John H. Quingo				Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Dysentery				How long	about 14 days	
	Immediate	convulsions				How long	about 2 hours	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Yes				W. H. Hamboell			
	Accident or Suicide?				Address			
				Cummings Mills Md				



Name in Full

Certificate of Death

John W. Packham.

Died at ^{Town} Hillanstown ^{County} Balto

MARYLAND

Date 1902 Month 7 Day 26 Age - 11 21 Native of Maryland Occupation _____

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of _____
 Wifa _____

Father's Name Fred Packham. Mother's Name Annie Heese

Cause of Death { Primary Cholera Infantum - 105 How long sick six weeks.
 Immediate Exhaustion - _____ Accident, Suicide, Homicide

Reported by Dr. L. Trux M.D.
 Address 3 ~~3~~ 40 ~~40~~ igh St Hillanstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J Herwig & Son

MA Bammel

Cemetery

Merry Clinton Parks.

Town

County

Died at

Geoch Raven

Baltimore

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

189

July

31

Age

3

11

Mod.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

John Parks

Mother's

Name

Catherine Burke

Cause of

Primary

Malnutrition

How long sick

About 2 weeks

Death

Immediate

Diarrhea

10

Accident, Suicide, Homicide

Reported by

W. J. Harrison

Address

Geoch Raven

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dora Phipps

Town

County

Died at Baynesville

Baltimore

MARYLAND

Date 1902 7 27

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

27

Age 6 mos.

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband of

Wife

Father's

Name

Robert E. Phipps

Mother's

Name

Ida Phipps

Cause of

Primary

Cholera Infantum

Death

Immediate

Meningitis

How long sick

one week

~~Accident, Suicide, Homicide~~

Reported by

H. J. Larone M.D.

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Stephen R. Pollock

Town

County

Died at

MARYLAND

Date	1890	Month	July	Day	18	Y.	M.	D.	Native of	Occupation
	1890		July	18		29			Alaska	Barkeeper
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living	

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Morb. Bright's, Congest. Lung

How long sick

3 weeks

Death

Immediate

Cardiac Failure

Accident, Suicide, Homicide

Reported by

T. W. Chambers M.D.

120

Address

1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Name in Full

Certificate of Death

Lecelia Raab

Town

County

Died at

Nicks P. O.

Baltimore

MARYLAND

Date

902

Month

Day

July 18

Age

M

D.

Native of

Occupation

X - 62 st Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Yes Raab

Mother's

Name

Luisa Powell

Cause of

Primary

Enterocolitis. 105

How long sick

about 10 days.

Death

Immediate

Convulsions - Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Lingard Dr. Whiteford M. D.

Address

Parkville, Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78893



Certificate of Death

Elisabeth Ravelin

Town

County

Died at Calonsville

MARYLAND

Date <u>1902</u> <u>July 26</u>	Month <u>July</u>	Day <u>26</u>	Age <u>7</u>	M. <u>7</u>	D. <u>7</u>	Native of <u>Ind</u>	Occupation <u>Ind</u>
Male <u>Male</u>	White <u>White</u>	Married <u>Married</u>	Widow <u>Widow</u>	Divorced <u>Divorced</u>	Number of children living <u>0</u>		
Female <u>Female</u>	Colored <u>Colored</u>	Single <u>Single</u>	Widower <u>Widower</u>				

Husband

Wife—

Father
Name

Mother's
Name

Cause of	Primary
1. Infection	
2. Trauma	
3. Neoplasia	
4. Systemic disease	
5. Endocrine	
6. Nutritional	
7. Genetic	
8. Immune	
9. Vascular	
10. Metabolic	
11. Degenerative	
12. Congenital	
13. Iatrogenic	
14. Idiopathic	
15. Unknown	

Death	Immediate
-------	-----------

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name In Full

Certificate of Death

James B. Reilly

Town

County

MARYLAND

Died at Mrs. Hone Reilly Balto

Date 1902	Month 7	Day 31	Y. -	M. -	D. -	Native of	Occupation
Male	White	Married	Widow	Divorced		Beetham	Plumber
Female	Colored	Singla	Widower	Number of children living			

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Mania - Post Epileptiform Convulsions abt 10 days

Death

Immediate

Exhaustion from Cerebral Congestion -

How long sick

Accident, Suicide, Homicide

Reported by

Frank J. Filanovsky Mch Hone Md -

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805



Name in Full

Certificate of Death

Died at Thurth Mills ^{Town} Ridgely ^{County} Baltimore Co MARYLANDDate 1902 ^{Month} July ^{Day} 28 | Y. | M. | D. 8 | Native of Mo | Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children livingHusband
of

Wife

Father's Name Geo W. Ridgely Mother's Maiden Name Ella J Ekstrand

Cause of { Primary

Death { Immediate

How long sick
151

Accident, Suicide, Homicide

Reported by

Address John W B Rogers and
Elmhurst City Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret Susan Roeder.

Town

County

Died at

Perry Hall

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1902 July 15th

Age

77.

Germany.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

1.

Husband

of

George Roeder

Wife

Father's

Name

John Schulion

Mother's

Name

Susan Schulion

Cause of

Primary

Infirmities of old age.

How long sick

10 weeks.

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. J. Harrison

Address

Loch Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John T. Rose

Town

County

MARYLAND

Died at

Canton

Baltimore

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 28

Age 45

Md

Mitter Inspector

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

five

Husband

of

Emma B. Gray

174

Wife

Father's

Mother's

Name

unknown

Maiden Name

unknown

Cause of

Primary

Inhaling illuminating Gas

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

John G. Mueller Coroner

Address

Canton Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Cross Cemetery

July 31st 1902

Germanus Franco

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Louisa Runge</i>		Town <i>near Gardenville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>near Gardenville</i>		Month <i>July</i>		Day <i>10</i>		Age <i>15</i>	
Date of death 190 <i>2</i>		Months <i>1</i>		Years <i>15</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co. Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>not any</i>					
Name of Wife or Husband							
Father's Name <i>August Runge</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catharina Krapp</i>				Mother's Birthplace <i>Baltimore City</i>			
Name of person giving information <i>Lena Runge</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chorea when taken Valerian leaves</i>	How long <i>6 months</i>
Immediate <i>Heart failure (Death sudden)</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo F. Bone M.D.</i>
	Address <i>Gardenville Md</i>
Accident or Suicide? <i>no</i>	

Frederick Cassin

Undertaken

Intention

At John's Harford Road

Please mail this Evening

Fullerton P.O.

Walter Co Ind

John G Rutledge

Town

County

Died at New Market

Baltimore

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	22	17	1	3	MD	Clerk
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband

Wife

Father's

Name

John F Rutledge

Mother's

Name

Agnes J Rutledge

Cause of

Primary

Appendicitis

How long sick

3 weeks

Death

Immediate

Operation

Accident, Suicide, Homicide

Reported by

Daniel V. Moyer MD

Address

Maryland Line MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Craft William Schmidt -

Town

County

Died at Appleton Lane near Catonsville

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	8.				Germany	Cooper.
Male	White	Married				Widow	
Female	Colored	Single				Widower	Number of children living 3 -

Husband of

Wife

Father's

Name

Mother's

Name

106

Cause of	Primary	Immediate
	Enterocolitis -	Exhaustion

How long sick

2 weeks & 2 days.

Accident, Suicide, Homicide

Reported by

C P Strauss M.D.

Address

1506 Light St. Baltimore Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name In Full *Bernia Schmeiser*

Town *428 3rd St.* County *Baltimore* MARYLAND

Died at *July 29* Month *July* Day *29* Y. *70* M. *70* D. *70* Native of *Germany* Occupation *Housework*

Date 19 *02* *July 29* Age *70*

~~Male~~ ☒ ~~Female~~ ☐ ~~White~~ ☒ ~~Colored~~ ☐ ~~Married~~ ☒ ~~Single~~ ☐ ~~Widow~~ ☒ ~~Widower~~ ☐ ~~Divorced~~ ☐ Number of children living *120*

Husband of _____

Wife of _____

Father's Name _____ Mother's Maiden Name *120*

Cause of Death { Primary *Chronic Intestinal Hepatitis* Immediate *Exhaustion* How long sick _____ Accident, Suicide, Homicide _____

Reported by *J. Coaruthers, M.D.*

Address *2229 E. Balto. St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 1907

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888



Henry C. Schondor

Town

County

Died at

Drowned in Patuxent R.

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 30

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Maiden Name

172

Cause of

Primary

Drowned

How long sick

Death

Immediate

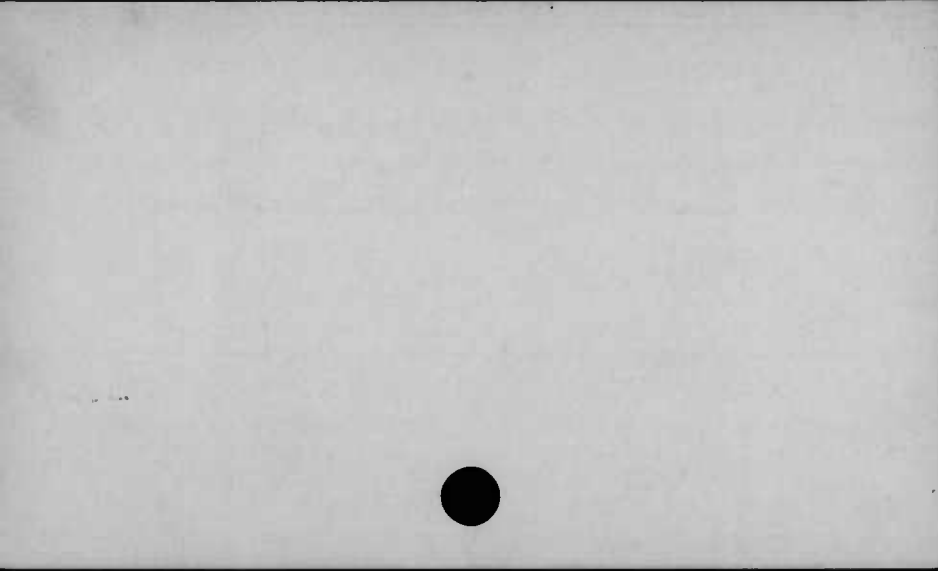
Accident, ~~Suicide~~, ~~Homicide~~

Reported by

John G. Mueller
Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary A. Schoulen

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 20

Age

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

172

Cause of

Primary

Drowned

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

John E. Mueller,
Coroner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Office of the Coroner
Quincy Town *Baltimore* County *Baltimore* MARYLAND
 Died *July 20* Month Day Y. M. D. Native of Occupation

Date 19 *17* Age
~~Male~~ White Married Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living

Husband of
 Wife

Father's Name Mother's Name
 Maiden Name *172*

Cause of Death { Primary *Immune* Immediate How long sick
 Accident, ~~Suicide~~ Homicide

Reported by *John G. Snell*
 Address *Corner*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

William T. Sheppard, Jr.

CERTIFICATE OF DEATH

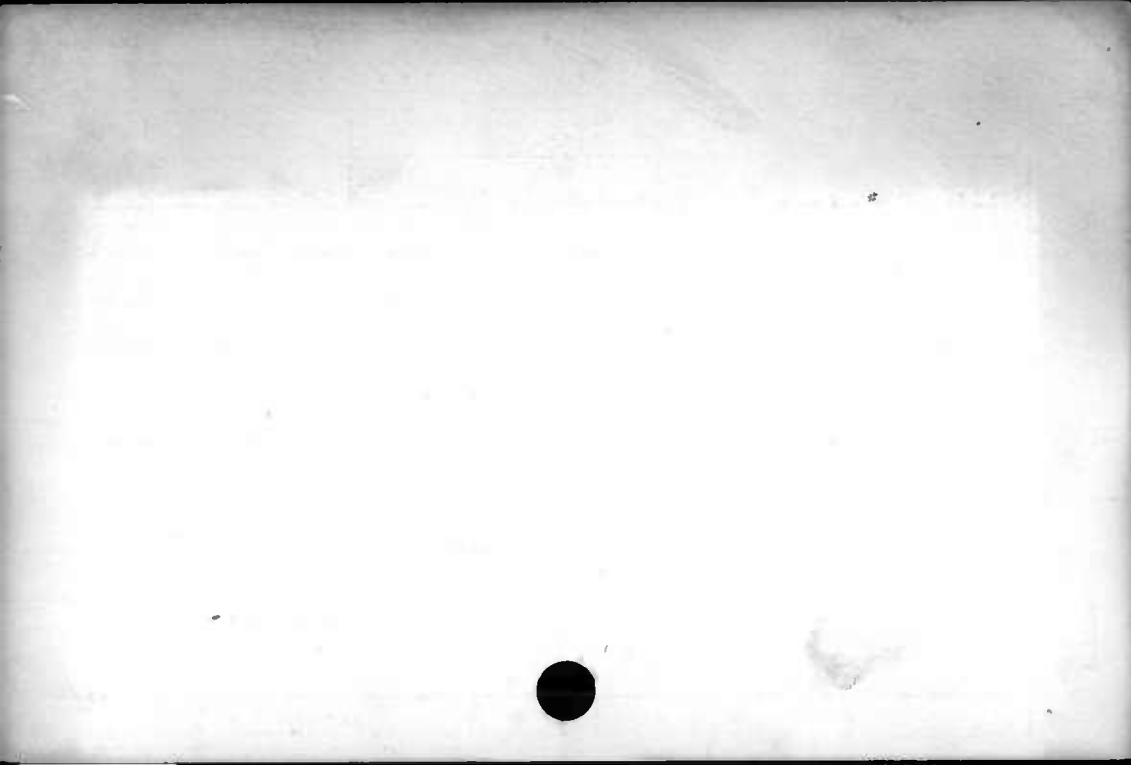
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>23</i>	Age <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William T. Sheppard, Sr.</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Sheppard</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>William T. Sheppard Sr</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Atkey M.D.</i>
	Address <i>2. Hudson St</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Oliver L. Sieff.

Died at ^{Town} Dickeyville ^{County} Balto MARYLAND

Date 1902 July 2nd Month Day Y. M. D. Age - 54 Native of Md Occupation None

Male White Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Oliver P. Sieff

Mother's Name

Dead.

Cause of

Primary

Death

Immediate

Pneumonia 93

How long sick

8 days.

~~Accident, Suicide, Homicide~~

Reported by

Dr George F. Erhardt,

Address

Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cedar Hill Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dipton, Horace

Died at ^{Town} Calverville

^{County} Bulloch

MARYLAND

Date of death 1902 July

Day 6

Age Years 60

Months

Days

Sex Female

Color or Race *Wm*

Birth-place Md

Married, Single or Widowed *Married*

Occupation *Domestic*

Name of Wife or Husband *X*

Father's Name *X*

68

Father's Birthplace *X*

Mother's Maiden Name *X*

Mother's Birthplace *X*

Name of person giving information *X*

How related to deceased *X*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Organic Dementia*

How long *6 mos*

Immediate *Cerebral Effusion*

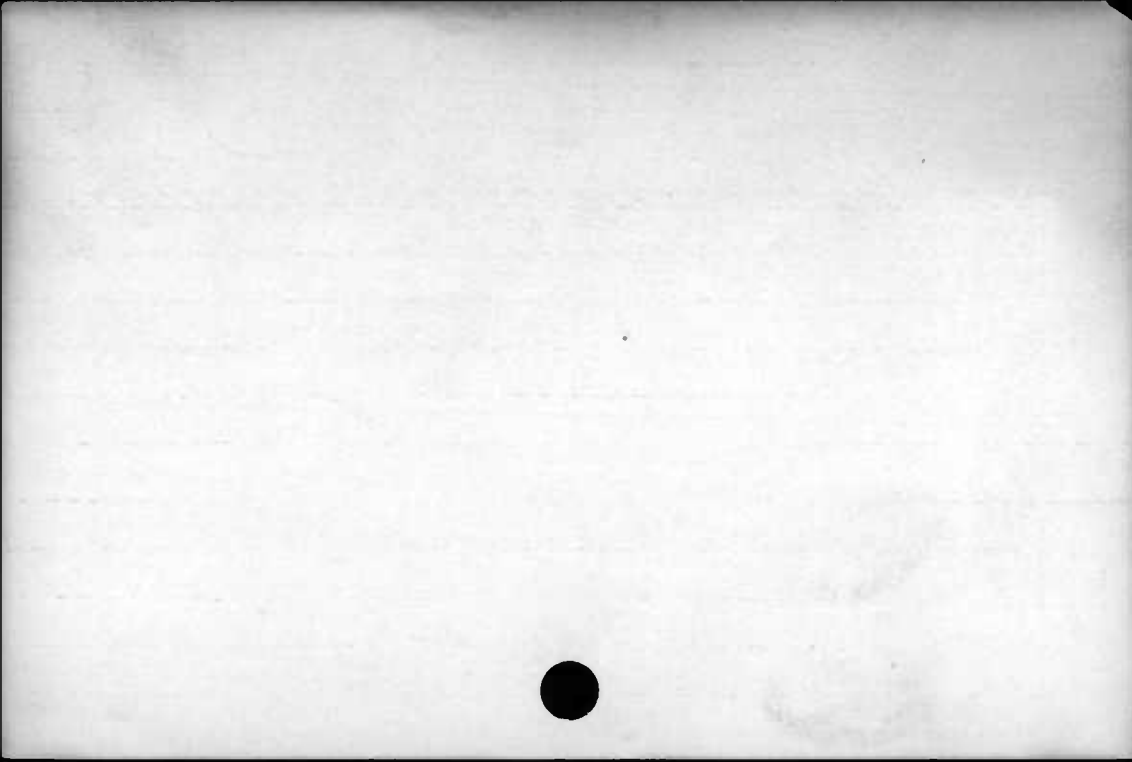
How long *4 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. H. Wade*

Address *Calverville*

Accident or Suicide? *No*



Name in Full

Certificate of Death

Bessie Francis Sims

Town

County

Died at Catonsville

Baltimore

MARYLAND

Date ¹⁹⁰² ~~1901~~ Month ^{July} ~~June~~ Day ²⁴ ~~23~~ Y. ¹ ~~0~~ M. ⁴ ~~3~~ D. ¹⁵ ~~14~~ Native of Maryland Occupation None
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living None

Husband
of
Wife

Father's Name Charles Edgar Sims

Mother's Name Gracie Sims

Cause of Death { Primary Cholera Infantum
 Immediate Collapse.

How long sick 10 days.
 Accident, Suicide, Homicide

Reported by R. R. Berry, M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full *Infant*
 Died at *Lansville* Town *Balls* County
 Date *1902* Month *7* Day *1* Age *—* Y. *—* M. *—* D. *—* Native of *MARYLAND* Occupation *—*
 Sex *Male* *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* *Number of children living*

Husband of *John Smith* Father's Name *John Smith*
 Wife of *John Smith* Mother's Name *Miriam Smith*
 Father's Name *John Smith*

Cause of Death { Primary *Born Dead* Immediate *Born Dead* How long sick *—*
 Accident, Suicide, Homicide *—*

Reported by *E. Gallnath Karling*
 Address *Lansville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chase Emory Smith

Town

County

Died at *Towson**Baltimore*

MARYLAND

Date *1902* *7* *18* Month Day Y. M. D. Age *3* *2* *-* Native of *MD* Occupation *Infant*

Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of
WifeFather's
Name*Frazer Smith*Mother's
Name*Olga Smith*

Cause of

Primary

Broncho-Pneumonia

How long sick

7 weeks

Death

Immediate

Cardiac Asthenia~~Accident, Suicide, Homicide~~

Reported by

J. Peyton Green M.D.

Address

Towson MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

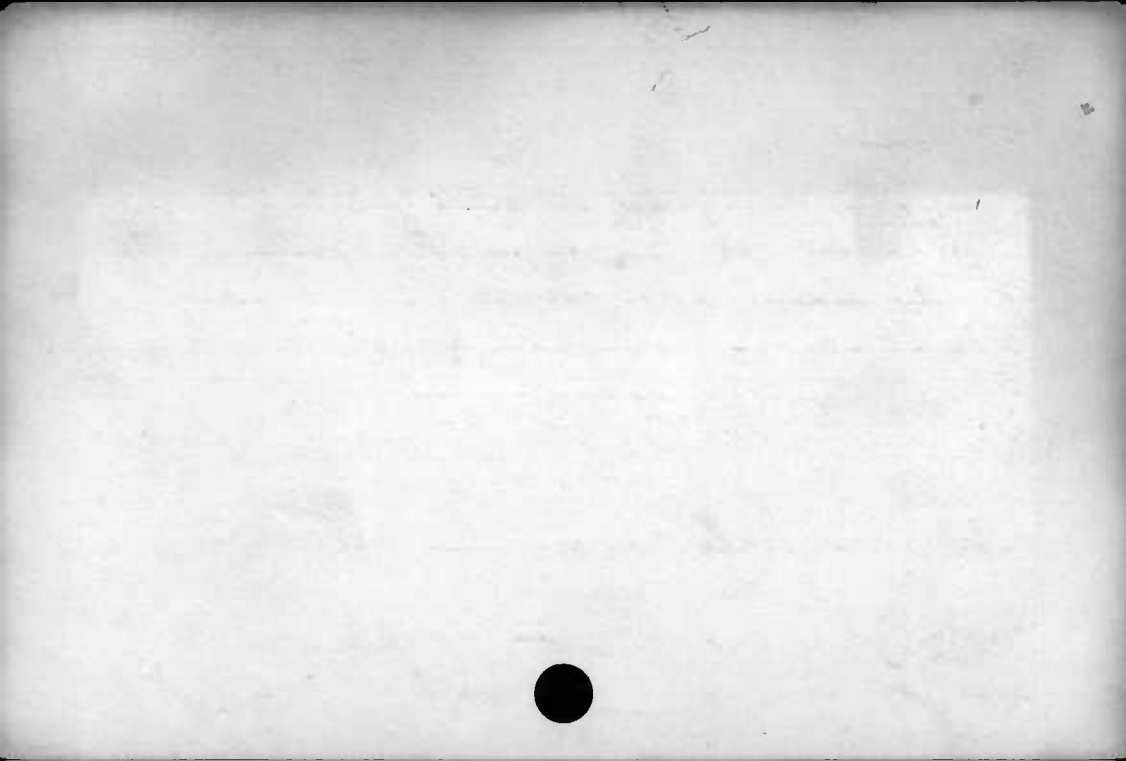
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hereford		County Baltimore		MARYLAND	
Date of death 1902		Month 7	Day 28	Age 90		Months	Days
Sex Female		Color or Race African		Birth- place Manassas, Md.			
Married, Single or Widowed		Single		Occupation Servant			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				George E. Nelson			
				How related to deceased			
				Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis with Cerebral Softening		How long		4 yrs.	
Immediate		Convulsions		How long		36 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. B. Mitchell.	
				Address		Hereford, Md.	
Accident or Suicide?							



Name in Full

Certificate of Death

George Smith

Town

County

Died at

MARYLAND

Highlandtown Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 10

Age

4

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Wm Smith

9a

Cause of

Primary

Diphtheria

How long sick

13 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. S. Warner

Address

1120 Highland az

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

J. J. Vander Sars
Mount Carmel Cemetery

Lewlyn Smith

Town

County

Died at

Tolson

Balto.

MARYLAND

Date 1902
 1899
 Month 7
 Day 22
 Age — 11 —
 Y. M. D.
 Native of Md.
 Occupation Infant
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's
Name

Frank Smith

Mother's
Name

Julia Maden

Cause of

Primary

Morasmus

How long sick

3 Mo.

Death

Immediate

Cardiac Asthenia

Accident, Suicide, Homicide

Reported by

J. Bayston Green M.D.

Address

Tolson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Herwig & Son
MA Carmel
Cemetery

Name in Full

Certificate of Death

Name in Full *Colbrijs Sutton*
 Died at *Shepherd* ^{Town} *Balto* ^{County} MARYLAND

Date 19*02* ^{Month} *July* ^{Day} *24th* ^{Y.} *60* ^{M.} *30* ^{D.} *10* ^{Native of} *Maryland* ^{Occupation} *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ ~~Widow~~ ☐ ~~Divorced~~ ☐ ~~Widower~~ ☐ Number of children living *4*

Husband of *Sallie Sutton*
 Wife

Father's Name *40*
 Mother's Maiden Name

Cause of Death { Primary Immediate *Carcinoma of Lungs* } How long sick *one year*
 { *Carcinoma of Lungs* } ~~Accident, Suicide, Homicide~~

Reported by *F. L. Lunn*

Address *Black Horse*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah E Tate

CERTIFICATE OF DEATH

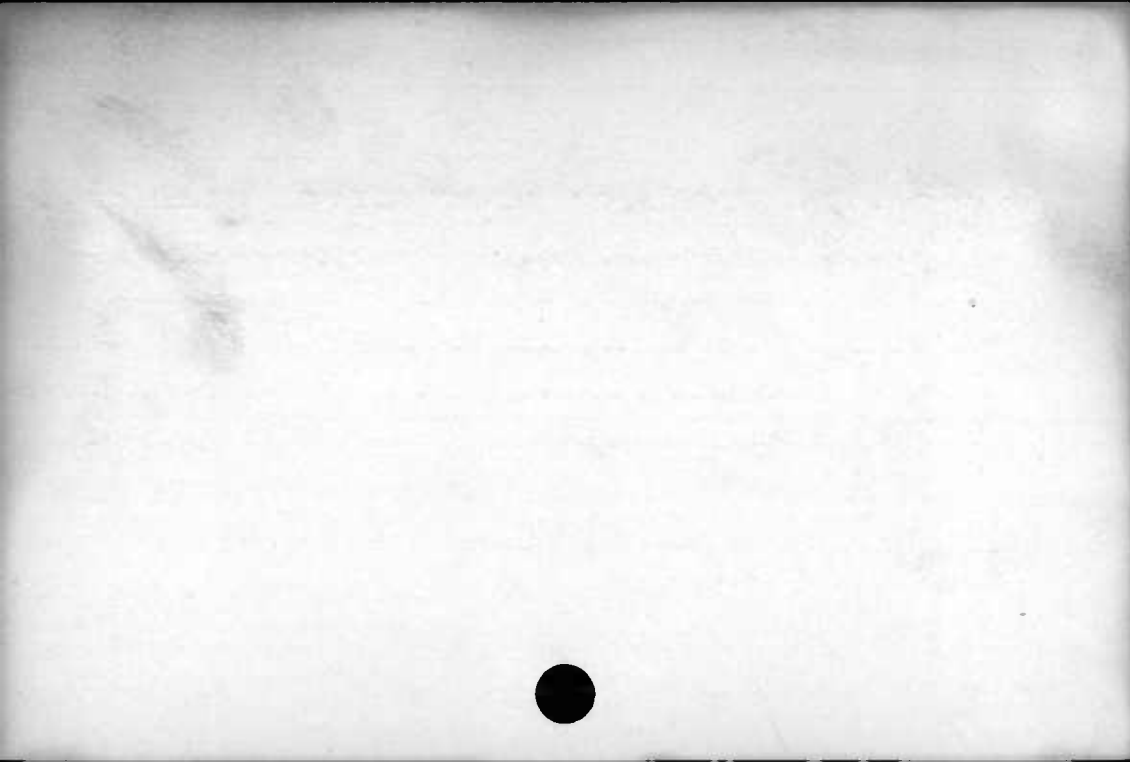
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Calumet		County Bello		MARYLAND	
Date of death 1902		Month July		Day 15		Years 10	
Sex Female		Color or Race white		Birth- place Calumet		Days 26	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Sergeant F Tate				Father's Birthplace 105			
Mother's Maiden Name Mary A Sullivan				Mother's Birthplace			
Name of person giving Information S F Tate.				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long 1 week	
Immediate Colloidal		How long 6 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. L. M. Maupied	
Address Calumet Ind			
Accident or Suicide? X			



Name in Full

Certificate of Death

Lula M. Taylor

Town

Columbus

County

Baltimore

Died at

MARYLAND

Date 1892	Month July	Day 7	Y. 33	M. 1	D. 16	Native of	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	3		

Husband of

Arthur Taylor

Father's Name

Andrew Shugart

Mother's Name

Mary Shugart

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. C. L. Matfield

Address

Columbus
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79888

Mrs C Preston

Franklin Town

Lula M Sutton

Name in Full

Certificate of Death

Genie Thomas

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

July 10

Age

Y.

M.

D.

6 - -

Native of

Md

Occupation

None

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

29

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Anthony Thomas

Annie Green

Cause of

Primary

Tubercular Peritonitis

How long sick

6 mos.

Death

Immediate

Tubercular Peritonitis

~~Accident, Suicide, Homicide~~

Reported by

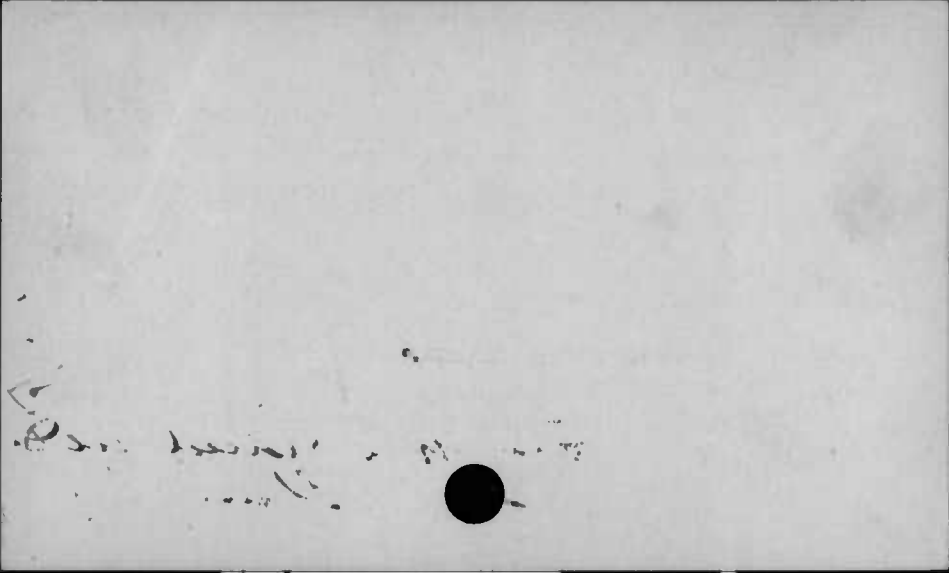
J. C. Eldred M.D.

Address

Shannon Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name In Full

Certificate of Death

Laurence Thomas

Town

County

Died at

Reisterstown Baltimore

MARYLAND

Date 19 03

Month

Day

7 28

Y.

M.

D.

Age

20

Native of

Ind

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Robert Branson

Mother's

Maiden Name

Fannie Tucker

Cause of

Primary

Marasmus

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

H. M. Seade
Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Mrs. Elizabeth M. Turner

CERTIFICATE OF DEATH

Died at Roland Park Baltimore County

MARYLAND

Date of death 1902 July 9 Age 77 Months Days

Sex 7 Color or Race White Birth-place Md.

Married, Single or Widowed Widowed Occupation Nil further woman

Name of Wife or Husband (Robert)

Father's Name Robt Harry J. Turner Father's Birthplace Md

Mother's Maiden Name Rebecca Thomas Mother's Birthplace

Name of person giving information Henry J. Cassidy How related to deceased Son

For Barbara Turner

CAUSES OF DEATH

Primary (Infectious) Cholecystitis & Arteriosclerosis How long 5 yrs

Immediate Uræmic Coma

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry J. Cassidy, M.D.

Address Roland Park

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H. W. Jenkins Son

Green. Mount -

Anna May Lyon

Town

County

Died at Towson

Balto.

MARYLAND

1902
Date 1902
Month 7
Day 9
Age 11
Y. M. D.
Native of Md
Occupation Infant
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's
Name

Louis Blizard

Mother's
Name

Margie Lyon

Cause of Primary

Cholera Infantum

How long sick

6 weeks

Death Immediate

Cardiac Asthenia

Accident, Suicide, Homicide

Reported by

J. Roy et al, Green, U.D.

Address

Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Ann Vogh

Town

County

MARYLAND

Died at Mt Hope Retreat Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 20

Age

81 - -

Germany wife Laborer

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senile Mania -

How long sick

Death

Immediate

Ex - Paralysis R. Hemiplegia

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70005

Name in Full

Certificate of Death

John M Wahl

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Nerve Chronic

How long sick

1 1/2 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

H Richardson M.D.

Address

Mount Hope Rehab

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward Watts

CERTIFICATE OF DEATH

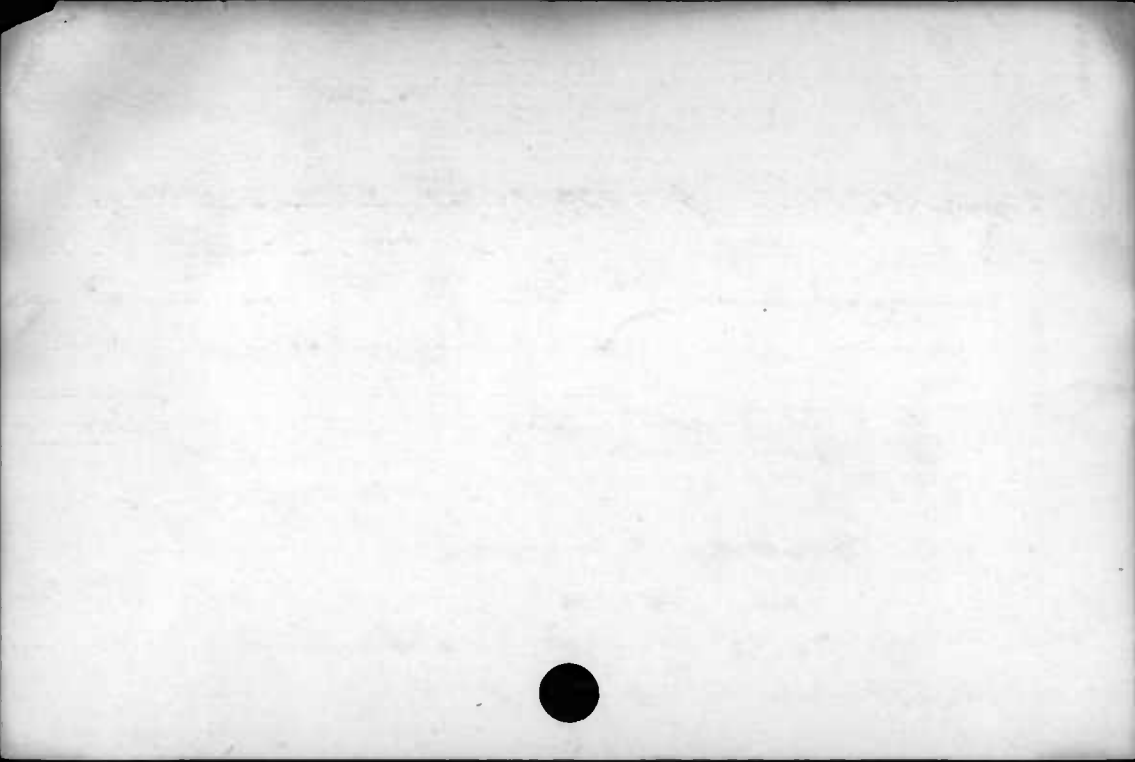
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pikesville		Baltimore		MARYLAND	
Date of death 190		2	July	30	Age	68	Months 8 Days 5
Sex		Male		Color or Race		White	
Married, Single or Widowed		Widower		Occupation		Stone-mason	
Name of Wife or Husband		Margaret A. Watts					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		C C Watts				How related to deceased	
		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Organic Heart Disease		79		How long		3 y 00	
Immediate		Toxemia				How long		10 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Irvin Ebaugh			
				Address		1701 Pennsylvania Ave Baltimore Md			
Accident or Suicide?		No							



Town

County

by Baltimore

MARYLAND

Died at *Kirochel*

Date 19 02 Month July Day 27

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

July 27

Age ~~55-6-21~~

Wed

Housewife

Married

Wieder

~~Divorced~~

Female

Colored

Simple

Widower

Number of children living

Либ

~~Husband~~ of Columbus Wheatly
Wife

Father's Name *Henry Banton* Mother's Maiden Name

Maiden Name

Unknown

Cause of } Primary Neurodermatitis

Primary

79

How long sick

Death	Immediate
-------	-----------

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John H. B. Whiteaker

Town

County

Died at

Mt. Hope

Baltimore Co

MARYLAND

Date 19

02

Month

Day

Aug 9

Age

Y.

M.

D.

25 - -

Native of

Mary

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

De generation & Epilepsy

How long sick

From infancy

Death

Immediate

Epileptic Exhaustion

Accident, Suicide, Homicide

Reported by

Charles H. Hill

Address

Mt. Hope Ret.

Baltimore, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John A. B. Whitaker
 Died at *Int. Hope Retreat* Town *Baltimore* County *MARYLAND*

Date 19 *02* Month *July* Day *9* Age *35*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Epilepsy; Post Hemiplegia

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. G. Hill, M.D.

Address

Int. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry White

CERTIFICATE OF DEATH

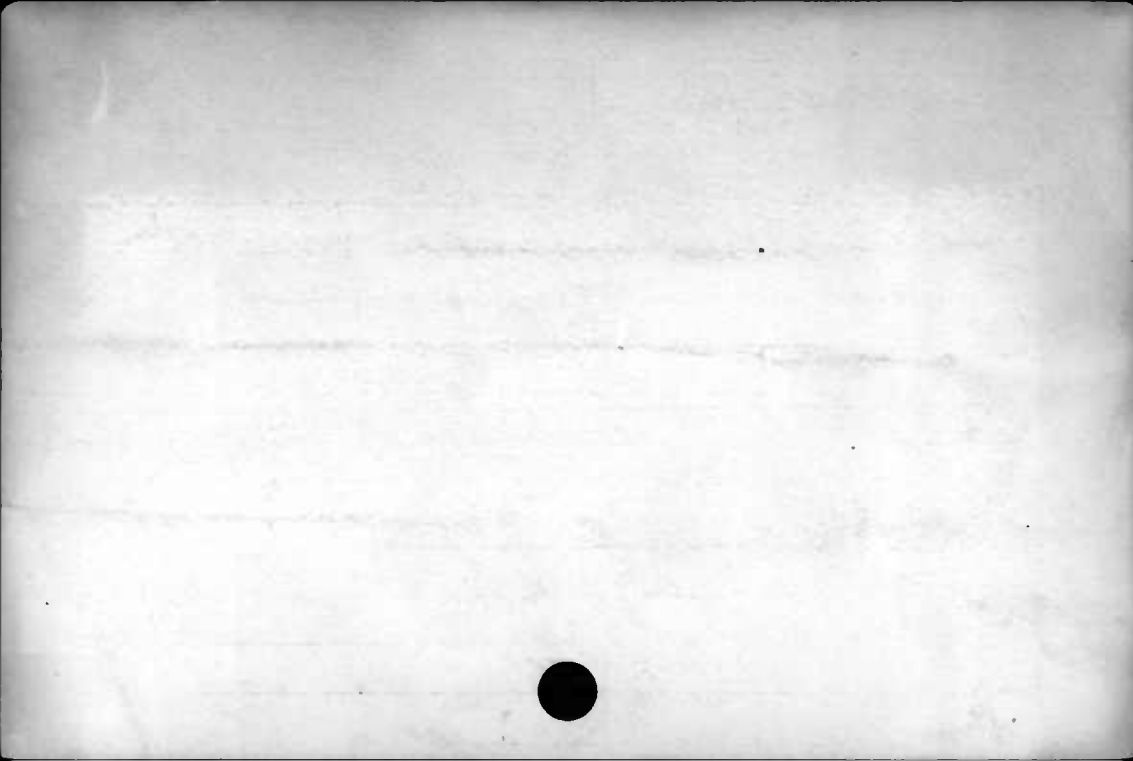
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Granite		County Baltimore		MARYLAND	
Date of death 1902		Month July	Day 18	Age Years	Months 6	Days 10	
Sex Female	Male	Color or Race Black		Birth- place Granite Md			
Married, Single Married		Single		Occupation none			
Name of Wife or Husband							
Father's Name Tom White				Father's Birthplace Howard Co Md			
Mother's Maiden Name Mary Barnes				Mother's Birthplace Montgomery Co Md			
Name of person giving information Tom Grooms				How related to deceased Phone			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infectious Mononucleosis	How long	4 weeks
Immediate	Coma	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
To wit		Dr. H. F. Shipley	
To my knowledge		Address Granite Md	
Accident or Suicide?			



Elmer L. Wienecker

Died at ^{Town} Highlandtown ^{County} Baltimore - MARYLAND

Date 1902 ^{Month} 7 ^{Day} 16 ^{Age} 46 ^{Y.} ^{M.} ^{D.} ^{Native of} Highland ^{Occupation}

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Edward Wienecke

Mother's

Maiden Name

105

Cause of Death { Primary Cholera Infantum - 21 days -
 Immediate Exhaustion.
 How long sick
 Accident, Suicide, Homicide

Reported by

Jas. L. Truax, M.D.

Address

333 Gough.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. H. Lander Sons
Mount Carmel

Name In Full

Certificate of Death

Charles Bohm Williams.

Town

County

Died at *Towson - Baltimore* County *Cornwall* MARYLAND

1902. Month *July* Day *5th* Y. *1902* M. *8* D. *8* Native of *Maryland* Occupation *—*

Date *189* *1902* *July* *5th* Age *8* *Maryland*

Male *White* Married *Widow* Divorced *—*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *Charles Bohm Williams* Mother's Name *Amelia Virginia Williams*

108

Cause of Primary *Abscess of Bone at* How long sick *—*Death Immediate *Birth. Born in home in 48 hours. & passed for 48 hours.* Accident, Suicide, HomicideReported by *J. M. Williams M.D.*Address *Towson Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Edmund Randolph Williams Jr

CERTIFICATE OF DEATH

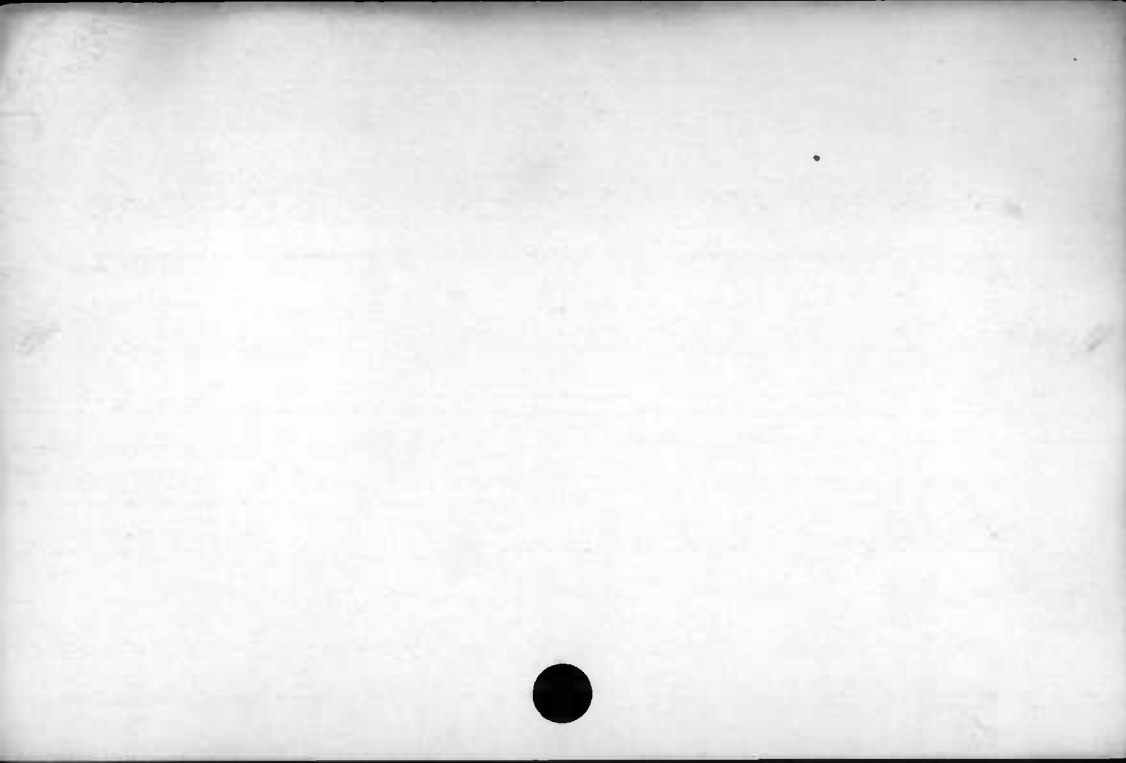
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Burnside</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	2	Month <i>July</i>	Day <i>16th</i>	Age —	Years —	Months <i>Eight</i>	Days <i>nineteen</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Richmond Va</i>			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name <i>Edmund Randolph Williams</i>				Father's Birthplace			
Mother's Maiden Name <i>Maude L. Stokes</i>				Mother's Birthplace			
Name of person giving Information <i>Mrs W. S. Blackford</i>				How related to deceased <i>by marriage</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10⁵</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Louis Naylor</i>	
Yes.		Address <i>Pikesville</i>	
Accident or Suicide?		—	



Name In Full

Certificate of Death

John T. Williams Jr

Died at ^{Town} Mt Hope Reformatory ^{County} Balto Co

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 7 23rd Age 36.

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Singl~~

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary Mamma Chronic

How long sick

Death

Immediate

Ex Sen - Subrendosis

Accident, Suicide, Homicide

Reported by

Frank J. Flannery

Address

Mt Hope Reformatory Balto Co Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 73885



Name In Full

Certificate of Death

Edith Winder.

Town

County

Died at

MARYLAND

Lock Raven Baltimore

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 20

Age

0

0

14

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Overseer~~

Female

Colored

Single

Widower

Number of children living 1

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

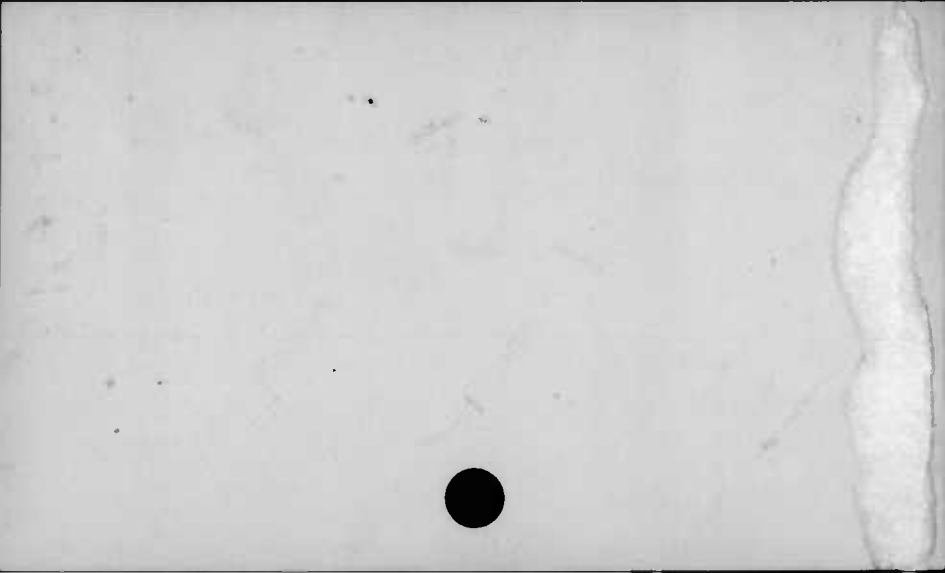
Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARY BUREAU, 79898



Christina R. Winterling

Died at ^{Town} Highlandtown ^{County} Balto MARYLAND

Date 1902 July 17 Age 3 Y. M. D. Native of Md Occupation None

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of _____
 Wife _____

Father's Name Constant Winterling Mother's Maiden Name Christina Brozman

Cause of Death { Primary Cholera Infantum
 Immediate Inanition

How long sick 106
 Accident, Suicide, Homicide

Reported by J. H. Hollenberg

Address 1810 E Baltimore St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Caroline Mesner

CERTIFICATE OF DEATH

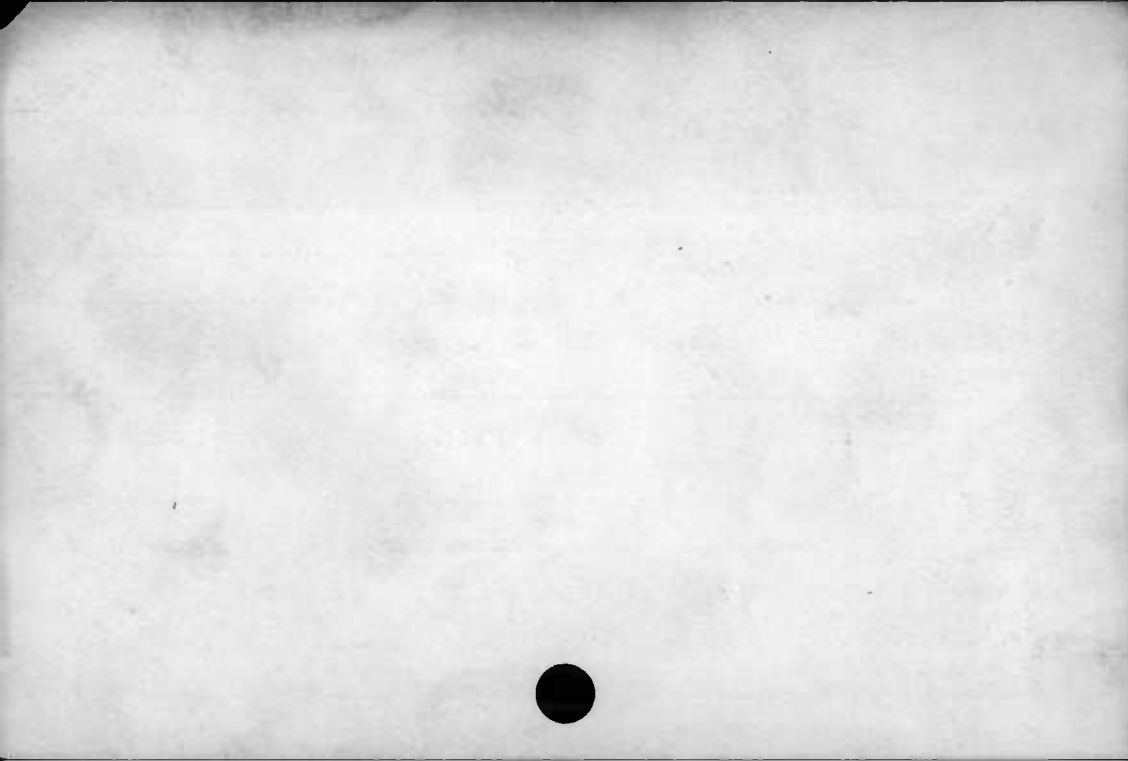
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mt Carmel		County Baltimore		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days		
2	7	4	69	2	22		
Sex	Female		Color or Race	white		Birth-place	Mt Carmel Md
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Abram Mesner						
Father's Name	Doubt Know				Father's Birthplace	Doubt Know	
Mother's Maiden Name	Priscilla Litch				Mother's Birthplace		
Name of person giving Information	Susie Tracey				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Softening	How long	10 years
Immediate	Paralysis	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. R. Mitchell
		Address	Herford, Md
Accident or Suicide?			



Died at		Town <i>Jovantown</i>		County <i>Baltimore</i>		MARYLAND	
Date 1902		Month <i>July</i>	Day <i>4</i>	Y. <i>45</i>	M. <i>Baltimore</i>	D. <i>Flourist</i>	Occupation <i>Flourist</i>
Male		<i>yes</i>	White	<i>yes</i>	Married	<i>yes</i>	Widow
Female			Colored		Single		Widower
Husband of				Mother's		Number of children living <i>Three</i>	
Wife		<i>192</i>		Maiden Name			
Father's Name				Cause of		How long sick	
				Primary		<i>Drowning, accident.</i>	
				Immediate		<i>July 4th 1902</i>	
Reported by		<i>Officer Winfield R. Bell</i>		Death		Accident, Suicide, Homicide	
Address		<i>Jovantown Md</i>		<i>John F. Keller</i>		<i>JP</i>	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

